


Dental Columbian
NINETEEN FORTY TWO







Digitized by the Internet Archive
in 2012 with funding from
Metropolitan New York Library Council - METRO

<http://www.archive.org/details/dentalcolumbian1942colu>

THE 1942

Dental Columbian



Published Annually

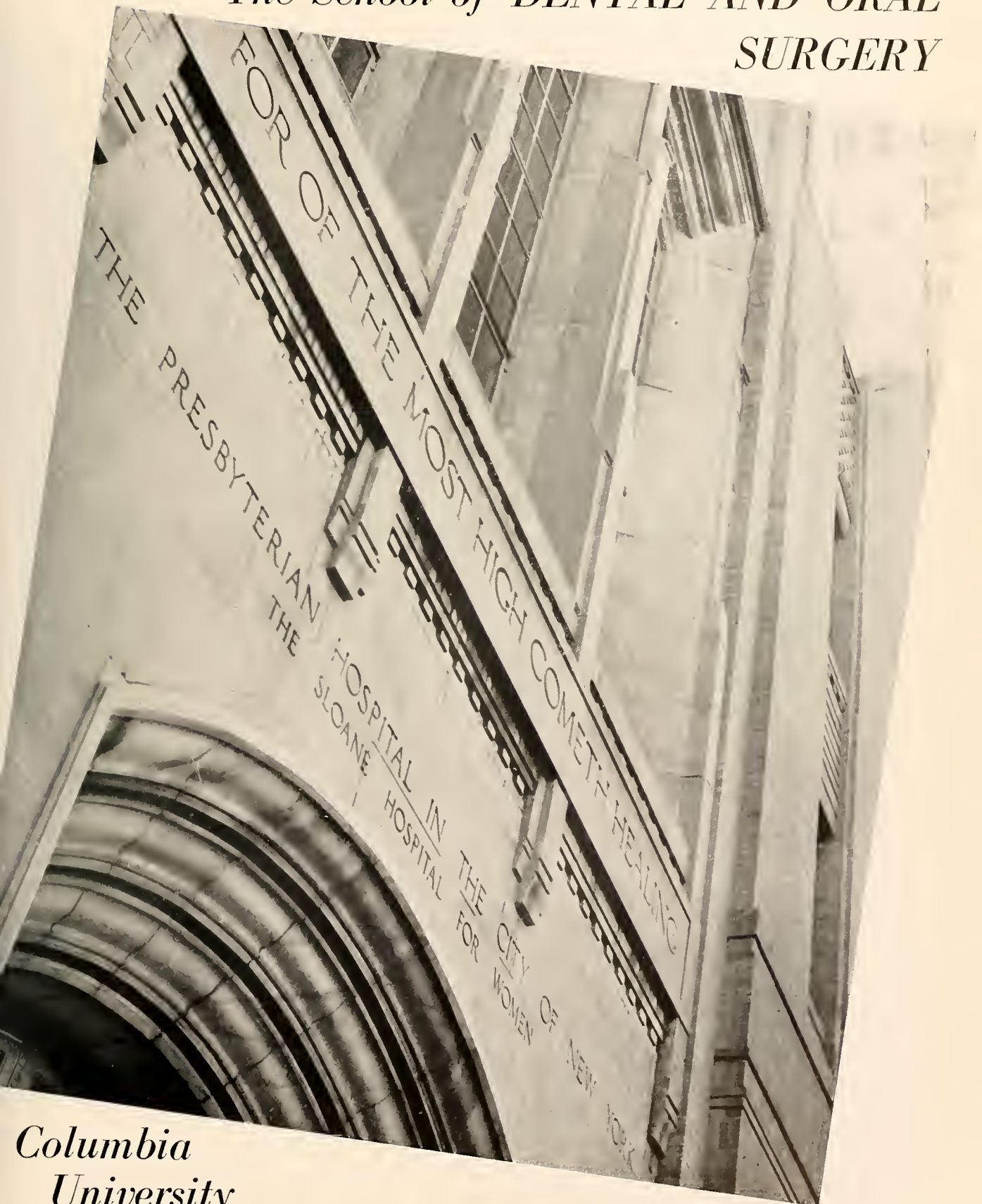
BY THE SENIOR CLASS

COLUMBIA UNIVERSITY · SCHOOL OF DENTAL AND ORAL SURGERY



NICHOLAS MURRAY BUTLER LL.D. (Cantab.), D.Litt. (Oxon.), Hon.D. (Paris) *President of the University*

*The School of DENTAL AND ORAL
SURGERY*



*Columbia
University*



DONALD JOHN W. McLAUGHLIN, D.D.S.
Assistant Professor of Dentistry

To a man who has inspired us with high ideals . . .

To a dentist who has set high standards of technical excellence . . .

To an educator who has more than fulfilled his task of imparting knowledge . . .

To a friend . . . Dr. Donald J. McLaughlin . . .
we dedicate 1942 DENTAL COLUMBIAN.

A Message

TO THE CLASS OF 1942:

I wish to convey to every member of the Senior Class my deepest appreciation of the honor you have so graciously bestowed on me in dedicating your yearbook to me. I hope that through the years I have been and will continue to be worthy of your esteem.

This year is my thirteenth year as a member of the teaching staff of the School of Dental and Oral Surgery—a little more than half the number of years since the school became a unit of Columbia University. A short time ago I attended the twenty-fifth anniversary celebration, and I certainly am proud to be a small part of so great an organization that includes the names of Henry S. Dunning, William B. Dunning, Henry W. Gillett, Arthur Merritt, Harold S. Vaughan, Leuman M. Waugh, Willard Rappleye, and Houghton Holliday. As I look back over thirteen years, the school at that time had a fine foundation for the development that was to take place. It had been settled in its new location for a little over a year, and its teaching staff was made up of men who were convinced our school should outrank all others.

I feel we have come a long way on the road that leads to the highest peak, but it is a strange truth that perfection is never reached and the peak gets higher and higher. I am confident that Columbia has taken her place as a leader in the field of dental education. You may rest assured that your faculty will continue its efforts to keep the school in this enviable position.

The student body has always been interesting. As long as I can remember each freshman class has been declared the best yet, but I would be

unjust if I did not tell you that all classes are similar. Each class has the same make-up to a greater or lesser degree. There are some who excel; there are some who have a difficult time; and then there are those who are average. There are politicians and bookworms, laboratory tenors and overtime workers, and, occasionally, a young lady or two.

For a number of years I have worked with your Student Council. You are to be congratulated on your selection of members for this important extra-curricular activity. They are wide-awake and keenly interested in the welfare of the student body and the school. It has been my privilege to have been associated with thirteen groups of fine young men, seeing them go through the turmoil of the senior year and then graduate to go into the world to take an active part in the civilization around us.

In the past all had been comparatively serene in that civilization. We went about our way of living in a manner of complacency, each doing his part to make the world a pleasant place in which to live. Today the war has changed all this. We live in a world filled with confusion and insecurity, and the future will undoubtedly bring great changes. It is in times such as these that we cling to certain unalterable ideals which give us courage to carry on in as nearly normal a manner as possible. The firm belief in the fundamentals of our form of government, the faith in our ability to preserve that government, and the conviction that we will play a most important part in making for a successful future will enable us to endure the hardships that lie before us.

To the Graduating Class of 1942, wherever you go, whatever you do, I know that the training and associations that you have had at Columbia will in a great measure help you face the future with great courage and determination. The best of good fortune!

DONALD J. McLAUGHLIN



WILLARD COLE RAPPLEYE, A.M., M.D., SC.D. *Dean*



HOUGHTON HOLLIDAY, A.B., D.D.S. *Associate Dean*



faculty



Operative Dentistry



LEROY L. HARTMAN, D.D.S., Sc.D.
Professor of Dentistry

In our lifetime, we are seeing history written; we are watching progress in every field, especially medicine and surgery. Dentistry, too, partakes in that forward march of events.

More advances will be made in the next ten years than in the past fifty; even from war some good will come.

New methods and new materials will bring the greatest change in the practice of operative dentistry. These changes will be reflected in enhanced ability and skill for the operator, more comfort for the patient, and increased speed of operation. The excavation and preparation of cavities by means of higher speed motors, new cutting instruments and diamond materials has already resulted in greatly improved methods, and may soon eliminate all present day discomfort.

A wide range of new filling materials with cementing substances will be developed; these should satisfy esthetic as well as practical requirements. The use of plastics and cement which will become part of the tooth by being molded and cured in the cavity is not too staggering a concept for our present broadened vision.

These new technics will not tax the ability of a well trained operator who has a good foundation and who thoroughly and conscientiously prepares himself for the new methods.

As the profession progresses, and methods become better and easier, it will be rarer for teeth to be lost due to caries or pulp involvements. The control of dental caries by some as yet unknown process may be developed. However, even in this eventuality the practice of operative dentistry would still be necessary for many years to come.

Unless some very radical discoveries appear on the horizon, the practice of dentistry will always be one of personal service. The patient-dentist relationship is on a truly professional basis when such service is the primary aim of the operator. The judgment and technical skill which you exhibit, along with the personal contacts with your patients during a series of appointments are the main factors which will establish your professional standing with your patients. Changes in the type of practice seem likely, however. Dentistry in the armed service of our country and in the public health program will reach many millions who have never heretofore had adequate dental care. After the present crisis is over, because of changes in economic conditions, group practices will probably be established in all parts of the country where dentists will share their reception rooms, laboratories, and even their operating rooms. This will be in addition to large public health clinics.

It is to be hoped though, that in the future dentistry will continue on a personal basis. If any other status is established it will no longer be a profession. In any case, a good operator will always find a place and will be much sought after. Skillful hands will still be necessary because working in a mouth and on small objects like teeth requires digital dexterity.

Years from now you will see the results of your own work. Then you will learn to appreciate what quality in service means.

LEROY L. HARTMAN



CARL R. OMAN, D.D.S.
Assoc. Prof. of Dentistry



GEORGE F. LINDIG, D.D.S.
Assistant Prof. of Dentistry



IRVIN L. HUNT, Jr.
D.D.S.
Instructor in Dentistry



MILTON R. MILLER
B.S., D.D.S.
Instructor in Dentistry



HERBERT P. FRITZ
B.S., D.D.S.
Instructor in Dentistry



EDWARD H. KOCH
A.B., D.D.S.
Assistant in Dentistry



RICHARD CARSON
B.S., D.D.S.
Assistant in Dentistry



ROBERT I. MASON
A.B., D.D.S.
Assistant in Dentistry



BERNERD O. A. THOMAS
D.D.S., M.S.
Instructor in Dentistry



WILLIAM MILLER
B.S., D.D.S.
Assistant in Dentistry

Oral Surgery



HENRY SAGE DUNNING
D.D.S., M.D., B.S.
Professor of Dentistry

the author of this little article has endeavored to train and equip dental graduates to become dental surgeons in the true sense of the word. Surgery of the mouth and jaws had been greatly neglected and overlooked as a surgical specialty for a long while, and you young men are really fortunate in living in this day and age when oral and dental surgery is a recognized branch of general surgery.

After graduation you will be called upon in your professional life to treat surgical conditions of the mouth and jaws. Many members of the senior class will enter, it is hoped, the dental corps of the United States Army or Navy and as dental officers in the service of your country you will be in a position to render special dental and surgical care to members of the armed forces who are giving their all for their country. You will have a greater responsibility individually

In 1906 the writer had the privilege of organizing the first Oral Surgery clinic and department in the City of New York at the then well known New York College of Dentistry, now the New York University School of Dentistry. For thirty-five years

and collectively than any class that we have graduated in the last twenty-five years.

We have tried to give you the opportunity to observe and follow the treatment of the many deformities, injuries, diseases and neoplasms of the mouth and jaws. We have striven to teach you local anesthesia, the practice of asepsis in the treatment of wounds and the general care of the surgical patient. This has been done by lectures, demonstrations and section work in the Oral Surgery clinic. We have struggled to inculcate in you the principles that govern surgery in any part of the body, and to make you feel that you are a surgeon and a member of the great surgical family. This we have tried to do, but yet we want you to remember always that you are dental surgeons whose work is limited to the oral cavity. We hope that you will appreciate your opportunities to render valuable service to suffering mankind and be aware of your responsibilities and limitations. You have received a fine, thorough training here at Columbia and I hope that you have been stimulated sufficiently by your teachers to further prepare yourselves for your professional work. In order to do this you must continue your studies, you should obtain internships, you should work in hospitals and clinics, and you will, I am sure, offer your services to your country in this time of national emergency. The oral surgery staff joins me in wishing you Godspeed and the best of luck in your future work.



HENRY S.
DUNNING

ADOLPH BERGER, D.D.S.
William Carr Professor of Oral Surgery

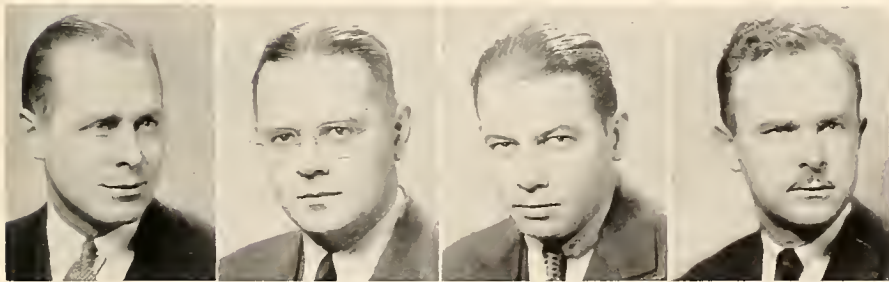


JOSEPH SCHROFF
B.S., M.D., D.D.S.
Assoc. Prof. of Dentistry

DOUGLAS B. PARKER
M.D., D.D.S.
Assoc. Prof. of Dentistry

FRANCIS S. McCaffrey
B.S., D.D.S.
Assoc. Prof. of Dentistry

SAMUEL BIRENBACH
D.D.S.
Assistant Prof. of Dentistry



KENNETH F. CHASE
D.M.D.
Instructor in Dentistry

ALBIN R. SEIDEL
D.M.D.
Instructor in Dentistry

F. A. STEWART, Jr.
A.B., D.D.S.
Instructor in Dentistry

ROBERT W. NORTHROP
D.D.S.
Instructor in Dentistry



JOSEPH L. McSWEENEY
D.D.S.
Assistant in Dentistry

MAURICE J. HICKEY
D.M.D., M.D.
Instructor in Surgery

FREDERICK S. DOSCHER
B.S., D.D.S.
Assistant in Dentistry

Prosthetics



EARLE B. HOYT, D.D.S.
Professor of Dentistry

Professional ideals are difficult to achieve and hard to maintain in normal times; a world in chaos, with the intellectual achievements of centuries overshadowed by force and materialism, intensifies the problem to seeming hopelessness. Each day we are forced to recognize this fact, as everyone of us is touched, now lightly, now more strongly, by the same sweeping circumstances that threaten to engulf us. Each day the fight continues, each of us must hold together that which has been gathered at great cost.

To the men and women who have dedicated their lives to humanitarian service through long years of training and who at last reach the threshold of fulfillment, it is tragic that they should be confronted with this additional hazard to the fruition of their efforts. Against this background

the successful pursuit of the problems of prosthetic dentistry diminishes before the magnitude of more pressing needs.

As one whose particular interest is concerned with a phase of the profession of dentistry, it would be trite for me to point out to you that there will be a new and increasing range of the use and application of dental prosthesis in all of its forms, that your services will be valued to the extent of your understanding of the basic problems of this field and of your ability to integrate them with the other specialties, to caution you to remember elements of your teaching, which I think are important, or to point the way for personal success and happiness. This I cannot do because there will be a break—for how long no one knows—between undergraduate work and graduate activity in the normal sense.

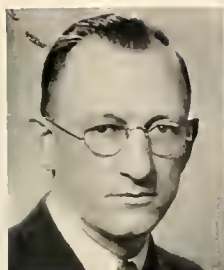
In a newer light much that had been considered indispensable may be discarded or altered to the achievement of the same end in more direct fashion and to open new fields beyond. This is already happening in ways each of us can observe and which could not have been brought about save by an upheaval of heroic proportions. There is some good even in the worst evil, and it is true that, as an outgrowth of these demands, we will all be bound more closely together as human beings, educators, and students.

Who can foretell that the profession of dentistry may not then realize its responsibility to public health and cease to think in terms of individual practice and individual preferment?

This in itself would be an achievement no amount of peace-time conferences could produce. It would carry us along on a wave of fresh enthusiasm to the infinite benefit of our component specialties.

After all, there is nothing quite so important as ideas—the retention of proved ones and the fresh conception of the new. Now more than ever is the time for youth, for faith, and for hope.

EARLE B. HOYT



HARRY A. YOUNG
D.D.S.
Assistant Prof. of Dentistry



JOHN F. RALSTON
D.D.S.
Asst. Prof. of Dentistry



GILBERT P. SMITH
D.D.S.
Assistant Prof. of Dentistry



D. J. W. McLAUGHLIN
D.D.S.
Asst. Prof. of Dentistry



MORELL D. McKENZIE
D.D.S.
Asst. Prof. of Dentistry



HENRY JUNEMANN
A.B., D.D.S.
Instructor in Dentistry



HAROLD S. WOODRUFF
D.D.S.
Instructor in Dentistry



HAROLD J. ZERR
A.B., D.D.S.
Instructor in Dentistry



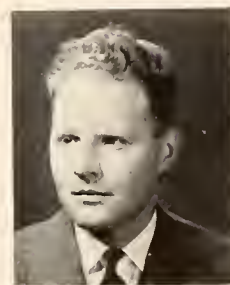
GERARD L. COURTADE
A.B., D.D.S.
Assistant in Dentistry



NORMAN W. BOYD
B.S., D.D.S.
Assistant in Dentistry



GEORGE H. MARTIN, Jr.
D.D.S.
Assistant in Dentistry



WILLIAM C. WOHLFARTH
Ph.B., D.D.S.
Assistant in Dentistry



DANIEL E. ZISKIN, D.D.S.
Assoc. Prof. of Dentistry



LEWIS R. STOWE
D.D.S.
Assoc. Prof. of Dentistry



SOLOMON N. ROSENSTEIN
B.S., D.D.S.
Assistant Prof. of Dentistry



EDWARD V. ZEGARELLI
A.B., D.D.S.
Instructor in Dentistry

Oral Diagnosis

Oral Diagnosis is of basic importance to the practicing dentist. It requires not only a familiarity with the theories involved, but repeated face-to-face experience with their application.

In the Oral Diagnosis Division we attempt to acquaint the student with the problem of diagnosis and treatment planning as it will confront him after he has completed his training and is engaged in actual practice. Specific diagnoses have been taught him in various other departments of

the school. Prosthetics, periodontia, et al., have given him instruction pertaining to their subject matter. It is our task to correlate these independent phases and to show how one disease may be distinguished from another. Knowledge gained in other courses, as well as new data, are utilized in studying individual parts for a clearer comprehension of the mouth as a whole. However, due to time limitations, only the groundwork can be laid. Proficiency in diagnosis must come with practice and conscientious adherence to the prescribed methods and routines.

For this reason, I wish to stress particularly the importance of bringing into your practices the technics you have learned for making a diagnosis. The methods, routines, habits, et cetera, in which you were instructed, were designed for use in your offices. They should not be discarded as "institutional."

DANIEL E. ZISKIN



JOSEPH A. CUTTITA
M.S., D.D.S.
Assistant in Dentistry



JAMES G. CUNNINGHAM
B.S., D.D.S.
Assistant in Dentistry



JOHN J. NEEDHAM
A.B., D.D.S.
Assistant in Dentistry



JESSE L. LEFCOURT
B.S., D.D.S.
Clinical Assistant



HENRY U. BARBER, Jr.
D.D.S.
Assistant Prof. of Dentistry



EDWARD G. MURPHY
D.D.S.
Assistant Prof. of Dentistry



GEORGE S. CALLOWAY
D.D.S.
Assoc. Prof. of Dentistry



LEUMAN M. WAUGH, D.D.S.
Professor of Dentistry

The Division of Orthodontics in its relationship with the undergraduate may be said to have a two-fold purpose.

Primarily, its object is to teach to the dental student those orthodontic factors which should be included not only in his knowledge but in the exercise of his general practice. Heading these factors is the capability of early recognition in children's mouths of tendencies toward mal-occlusion, and thus the prevention of these abnormalities. This responsibility to his patients lies in the hands of the general practitioner. In order to prepare him, the department provides lectures on foundational factors and theoretics, and seminar sessions of observation of clinical patients under treatment, with emphasis on prevention of the existing mal-condition.

Secondarily, the object is to acquaint the student with the basal technics of orthodontics and to let him test his ability, which might perhaps

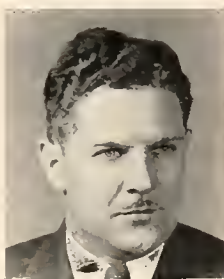
Orthodontics

arouse his interest and show his inclinations toward graduate study with a view to specialization. For this, laboratory sessions are provided with technical demonstrations of fabricating simple appliances. These in turn are made by the students, and standard requirements must be fulfilled.

LEUMAN M. WAUGH



ARTHUR C. TOTTEN
D.D.S.
Assistant Prof. of Dentistry



DONALD B. WAUGH
D.D.S.
Instructor in Dentistry



HARRY A. GALTON
D.D.S.
Instructor in Dentistry



LEWIS E. JACKSON
D.D.S.
Instructor in Dentistry



HOUGHTON HOLLIDAY
A.B., D.D.S.
*Associate Dean and
Professor of Dentistry*



HAROLD J. LEONARD
A.B., D.D.S.
Professor of Dentistry

Radiology

MILITARY ROENTGENOLOGY

It is possible to seek and to find opportunities for constructive operations even during a war. We are indebted to the last war for our present compact, rugged, and dependable x-ray apparatus. The necessity for a type of equipment which could be readily transported, easily assembled, and kept in operating conditions of field and ship, resulted in the production of x-ray machines vastly superior to any in use before the war. Deplorable as war is, it need not be a total loss if its demands result in the discovery of better means of serving constructive ends.

HOUGHTON HOLLIDAY

Periodontia

It is the function of the Division of Periodontology to teach methods by which diseases of the investing and supporting structures may be recognized, the causes of such diseases eliminated, and diseased tissues brought back into health. This includes thorough diagnostic training and habit, skillful instrumentation in treating root surfaces, ability to teach patients techniques for keeping the teeth clean and the gingivae in vigorous tone, and great mechanical ability in reconstructive and replacement procedures.

HAROLD J. LEONARD



HARRY M. MULHAUS
Technician



EVALD LINDER
Technician



ISADOR HIRSCHFELD
D.D.S.
Assoc. Prof. of Dentistry



FRANK E. BEUBE
L.D.S., D.D.S.
Assistant Prof. of Dentistry



CHARLES F. BODECKER
D.D.S.
Professor of Dentistry



MOSES DIAMOND
D.D.S.
Assoc. Prof. of Dentistry

Oral Histology

The keynote of research in this Division is to determine whether the dental pulp exerts any physiological effects on the dentin and enamel of the teeth. This subject is an almost virgin field because the calcified dental tissues are considered generally to be non-vital. Ample evidence, however, has already shown that a secretion of the pulp reaches the dentin and enamel for some time after the eruption of the teeth. Our working hypothesis is that this fluid, the dental lymph, is a major factor in dental caries, a disease which is so prevalent in children and adolescents.

CHARLES F. BODECKER

Oral Anatomy

The most important advance in education is the inclusion of research activity in any teaching program. This is an important departure from the purely didactic method of teaching which necessarily must function on the basis that knowledge is static. Knowledge is, instead, constantly in a state of flux, and it is disastrous to the purposes of education to adhere literally to any text, no matter how recent. Research is a means of steadily adding to our knowledge, and serves as an indispensable medium to teaching.

MOSES DIAMOND



WILLIAM LEFKOWITZ
D.D.S.
Assistant Prof. of Dentistry



EDMUND APPLEBAUM
D.D.S.
Assistant Prof. of Dentistry



JACOB ERDREICH
D.M.D.
Assistant in Dentistry



HERBERT D. AYERS, Jr.
A.B., D.D.S.
Instructor in Dentistry

Pedodontia



EWING C. McBEATH
D.D.S., B.S., B.M., M.D.
Professor of Dentistry

Current revolutionary and economic changes have imbued the teaching institution with its new and varied obligations to the student. The preparation of entrants into the fields of medicine and dentistry must equip them to anticipate and to recognize public health needs and to meet them by exercise of professional judgment and initiative expeditiously and intelligently. This demands a more thorough familiarization with and timely construction of the fundamental sciences for facile interpretation and application.

I know of no more fitting place in dentistry for the discerning utilization of this basic knowledge than in the practice of dentistry for children. Proper care of the child patient demands a ready availability and appropriate employment of the many and varied details of this broad source of knowledge.

E. C. McBEATH



LEWIS R. STOWE
D.D.S.
Assoc. Prof. of Dentistry



SOLOMON N. ROSENSTEIN
B.S., D.D.S.
Assistant Prof. of Dentistry

Oral Pathology



LESTER R. CAHN
D.D.S.
Assoc. Prof. of Dentistry

Besides the teaching of the subject, the division of Oral Pathology has been concerned in the investigation of many problems of clinical importance.

The result of oral infection by the herpes simplex virus has been studied for some time now, and a paper on the subject is now in press. An investigation into methods of sterilization of instruments and material has enabled the evaluation of a number of such methods which should simplify the choice of procedure for this important process.

A filamentous organism removed from dental stain has been grown in pure culture as a fungus. Bone diseases have been investigated from a clinico-pathological standpoint, and the role of epithelium in bone formation is also under consideration.

LESTER R. CAHN



HENRY A. BARTELS
B.S., D.D.S.
Assistant Prof. of Dentistry

Ethics and Jurisprudence



HENRY W. GILLETT
D.M.D.
Professor of Dentistry

Ethics, the science of human duty, and jurisprudence, the application of the essential dental laws, are closely related. Knowledge of both is essential for the dentist. The upright man, sound in his concepts of professional responsibility, will understand that both dictate unswerving adherence to the rule that the patients' highest interests must always have preference. This course serves best to establish the mutual confidence essential for successful service.

Malpractice is a word dreaded by every professional man, and students are always eager to explore the avenues of malpractice law. Such knowledge is essential. For example, when any dental work is begun without written or verbal statements by either party, an implied contract is automatically established which is enforceable in court.

The objective of the Jurisprudence course is to emphasize the fundamentals of the important dental laws and to consider their applications.

HENRY W. GILLETT



WILLIAM B. DUNNING
D.D.S.
Professor of Dentistry

Dental Materials



HERBERT D. AYERS, Jr.
A.B., D.D.S.
Instructor in Dentistry

From the time when each dentist had his own special materials and formulas, scientific methods have become more important in the evaluation process by which the dental profession selects its materials, until that process has become an independent science. The study of that science aims to equip the profession with the ability to select the most suitable materials, and to re-appraise the available materials whenever there is restriction in supply or new products are developed.

HERBERT D. AYERS

Hygiene and Prophylaxis



ANNA V. HUGHES
D.M.D.
Professor of Dentistry



JOSEPHINE E. LUJAN
D.D.S.
Assistant Prof. of Dentistry

Histology



SAMUEL R. DETWILER
Ph.B., A.M., Ph.D., M.S.
Professor of Anatomy



PHILIP E. SMITH
B.S., M.S., Ph.D.
Professor of Anatomy



A. E. SEVERINGHAUS
B.S., A.M., Ph.D.
Assoc. Prof. of Anatomy

Anatomy



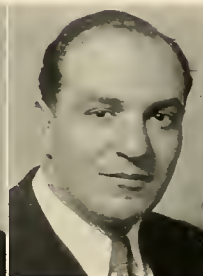
WILLIAM M. ROGERS
B.S., Ph.D.
Asst. Prof. of Anatomy



HARRY H. SHAPIRO
D.M.D.
Asst. Prof. of Anatomy



HENRY MILCH
A.B., M.D.
Instructor in Anatomy



ELIAS L. STERN
B.S., M.D.
Instructor in Anatomy



JULIUS K. LITTMAN
M.D.
Instructor in Anatomy

Physiology



MAGNUS I. GREGERSEN
A.B., A.M., Ph.D.
Professor of Physiology



BARRY G. KING
A.B., A.M., Ph.D.
Asst. Prof. of Physiology



WALTER S. ROOT
B.S., Ph.D.
Assoc. Prof. of Physiology



HAROLD C. WIGGERS
Ph.D.
Instructor in Physiology

Neuro-Anatomy



ADOLPH ELWYN
B.S., A.M.
Assoc. Prof. of Neuro-Anatomy



L. VOSBURGH LYONS
M.D.
Associate in Neurology



R. M. BRICKNER, B.S., M.D.
*Assistant Professor
of Clinical Neurology*

Bacteriology



GENEVIEVE FOLEY
A.M.
Assistant in Bacteriology



THEODOR ROSEBURY
D.D.S.
Asst. Prof. of Bacteriology

Pathology



JAMES W. JOBLING
M.D.
Professor of Pathology



HANS SMETANA
M.D.
Asst. Prof. of Pathology

Pharmacology



CHARLES C. LIEB
A.B., M.D.
Hosnek Prof. of Pharm.



MELVILLE HUMBERT
A.B., B.S., D.D.S.
Instructor in Pharmacology



WALTER R. BEAVEN
D.D.S.
Instructor in Pharmacology

Biochemistry



MAXWELL KARSHAN
B.S., A.M., Ph.D.
Assoc. Prof. of Biochemistry

Administrative and

... In the Dean's Office



MRS. M. G. McKENZIE
Assistant to the Dean



MRS. A. J. FITZGERALD
Secretary to the Dean



MADELINE E. DIGNUS
Assistant to Registrar

... On the clinic floor



MRS. R. P. AMY



MRS. M. THOMAS, R.N.



J. BERMONT



M. FINNERAN



MRS. V. NADON



M. MULHAUS

Clinical Staffs . .

. . . In diagnosis



MRS. F. MOORE



MRS. E. RICHARDSON
in Charge of Social Service



MRS. E. TIMM

. . . Call for Surgery



E. R. BOYD, R.N.



L. HOLLISTER



L. STEWART, R.N.



C. SCHULTZ

. . . The boys



HOWARD ROGERS
Technician



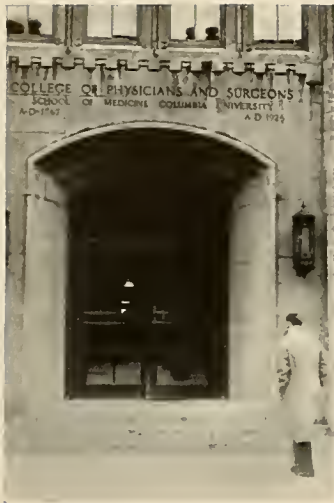
JOHN C. FREEMAN
Technician



ROBERT WRONG
Technician



MORRIS SECHTER



classes



Class of '42



OFFICERS

President—G. Harry Barrer

Vice-President—Anthony Skarka

Secretary-Treasurer—Joseph A. Gibson

. . . the final polish

One thing we could never understand is how we ever got into this school—trying to shape a sphere out of a stubborn, nasty old piece of wax while suffering an attack of heart flutter and palsy—and when Dr. Hartman tested us for steady hands—ugh!

Then the first day—introduction to our cadaver and a cold reception. Distant at first, we came layer by layer to know him well, and from us he held no secrets, except, perhaps, the cervical fascia. Once too, we cut the vagus and never found the distal end.

Among those memories of hours spent delving intimately into the greasy interiors of perfect strangers we will always remember: Helfand sneaking into the perineum demonstration for the third time; King Kong; Milch's anti-pimple squeezing lecture; as she lay extended—; Joe Shoham's revolutionary discovery of the inferior vena cava as a source of rubber; Blumenthal instructing the instructors; Dr. Stern looking for some .0001 mu diameter nerve with the equivalent of a 50-ton crane. And finding it!

We certainly did get our fill of anatomy that first year—gross, microscopic, neuro, oral, embryology—. Oral anatomy had us hopping for a while. Dr. Diamond would come in, hop up on the desk, swish—"that's how you carve a molar," hop down from the desk, and then wonder why it took us so long. Anyway, we were the first class to be exempt from the final.

And Histology—the steady never-ending machine-gunnership of stippling. We always knew when an exam was coming. Joe DeRose would get a rash. 3 pustules sq. cm. of skin meant a 1 hour quiz; 5 sq. cm. a 3 hour practical; and 10 sq. cm. meant that ligamentum nuchae would be included.

We played cops and robbers in neuroanatomy—trailing some degenerate up and down, in and out of the spinal track. It was dangerous, too. Those of us who tired and took advantage of the darkened lights in the line-up room got conked by Inspector Elwyn's big stick. And so back to the hunt.

The crux of our experience in oral histology was that if you sever the tubules first, the patient will feel no pain. So we all felt a little warm inside and a little smug and thought, "aha, painless dentistry!" We have learned since.

Biochemistry—a study in body secretions. All we did was fill bottles, one way or the other. And weren't they big bottles? Especially to carry on the subway. They couldn't be filled in 24 days, let alone 24 hours. This was really a course in biochemistry and anatomy combined—weather permitting. It's a good thing Tanz and Shoham did the experiments.

For some reason or other, the 4th year Prosthetics lectures could not be fitted into the curriculum, so we got them the 1st year. Add to this a midwestern drawl, and what have you got? A headache. Besides blowing bubbles in plaster, we made a set of edentulous dentures that year. What for?

Aside from Doris Rhodes getting awfully involved with reflexes and several cats blowing up, physiology was pretty much of a grind. What with swallowing tubes and balloons, whirling in chairs, fasting for days to study BMRs and hunger cramps, we began to feel and look like wrecks. The exam was given on Armistice Day and the Armory across the way blew taps while we were wrinkling our brows. A significant omen.

And so we come to the Freshman dinner—a wonderfully successful affair. Then we wended our respective ways homeward for the summer, during the course of which we all probably were consulted on vital dental matters by family and friends. But what could you say? That you hadn't really seen a living tooth yet?

* * *

We all came back to our second year full of fight—straining at the leash. Now for something tangible in the way of dentistry. So what did we get?

Ugly dummy heads with disgusting rubber tongues and 32 big teeth. Rub in dirt, clean it off, rub it in, clean it off. A little more wrist action, please.

We came in like a lion, all right. We took pathology our 1st and 2nd trimesters. We went out like a lamb.

Pharmacology was studied in an atmosphere of mechanical splendor—so shiny, so spotless. Ashtrays 'n everything. The whole class merged into one personality, Dr. I. N. Ternist by name, and carried out the same idea in writing prescriptions. Why do rabbits get frightened so easily?

The rest of our time that year was occupied in learning why nobody knows what makes teeth decay; how to write a book; why that dream you had last night meant you needed a woman; that hot or cold or no compresses will all result in the same thing—your patient finally comes up to Presbyterian; that we were supposed to be very



quiet and orderly in a certain course whose initials begin with C and B; and that tiny little microscopic dots all look different to the experienced eye, but every 4th unknown is the same, so what's the difference anyway?

We went home that summer looking forward to our next year. The upperclassmen had said it was a snap.

* * *

Our Junior year really was nice. At last we were on the clinic floor, in no particular hurry, and with nothing to do nights but sleep, go to the movies, or talk big to our dates about our patients.

We began to get the feel of dentistry. Mullie and Linder guided us through innumerable re-rays; our casts for prosthetics no longer had No. 7 or No. 12 registered on the postdam area; we got used to the sight and smell of blood in perio.

The publicity director for the World Association of Orthodontists, as part of a membership drive, somehow influenced Dr. Waugh to give us a ten weeks course on why orthodontics could be practiced only as a specialty. We were offered attractive, low cost trips to Alaska as bait. It was all filthy propaganda.

Our C and B course was very extensive. Dr. McLaughlin taught us millions of things, and Dr. Gillett took some wonderful crib clasps out of his beard to serve as models in Roundwire.

Naturally, the big function of the year was





the Junior Show. There was a great to-do about it. The show was written by those poor devils who lost their money first at the crap table. They did a good job of it, considering how depressed they must have been. It would have been a great success, according to Julie Weinrib, but since we couldn't get Margie Hart for the feminine lead, and Doris and Addie wouldn't consider it, we decided to drop the whole thing and continue the crap game.

One more year to go. We were all a little nervous.

* * *

Well, here we were—the home stretch.

16 units of crown and bridge—comprehensives—miscasts—drooling, screaming, impossible children—bi-weekly inquisitions in Practice of Medicine.

We all had our share of trouble. Jack Topolsky's patient refused her new dentures on the grounds that she couldn't eat even bananas with them. Marty Blumenfeld's patient swallowed one of her abutment crowns. Along that line, Josh Ross' patient swallowed one of his studs. We understand Josh immediately sent down the rest of the studs and the bite rims and took the chew-in anyway—just in case she might ever require rectal feeding.

Our years at school were beginning to take effect; we were gradually acquiring a veneer of professional mannerisms. We began to feel a cer-

tain creative pride—"You should have seen that inlay—what a dream!" or "It only took me 20 minutes" or "Look at those margins!"

School kept rather long hours that final year—surgery lectures and demonstrations, a first aid course, Dr. Cahn's seminars, work upon our theses. Dr. Dunning told us all about the millions and millions of bugs and what to do about them, about horribly dirty mouths and relatively spotless rectums, about dirty dentistry and dirty offices.

For a few days there in December, we were sort of thrown out of gear. The entry of the United States into the war just seemed to make all our little worries and personal problems so small, so unimportant. Our poor patients sat there drooling into their rubber dams while we chased around, from one rumor to another. And then, slowly, we began to settle back—to adjust our lives once more with the new pace. For many of us, it meant changes—in outlook, in plans, in attitudes. But for all of us, it meant a new spirit, a sudden maturation, a realization that we all had a position to assume in society, a job to do.

And now, in closing, we'd like to give thanks—thanks to whoever invented our No. 7s, God bless 'em—thanks to G 234 where we could rest our weary bones and snatch a few puffs every now and then—and last, but not least, thanks to the whole faculty and the various staffs for having been so patient with us.

SEYMOUR BLUMENSON



GEORGE HARRY BARRER Harry didn't want to be written up in profile, so consider this full-face. Harry's a shrewdicle from Reading, Pa., and he's been poking his nose into all sorts of things for the past 25 years. Just witness the last four: he's been all kinds of editor; Student Council and Jarvie member for 3 years; *Review*—4 years, and *Columbian*, last year; and quaestor of Alpha Omega. Harry likes the outdoor life—that's why he plans for an internship in Reading. Oh, yes—he's been class president the last three years. Where does he get the time?



JAMES WILLIAM BELLOWS Jim is 25 years old, has a prognathic jaw, and speaks in a clipped, terse manner. A die-hard Republican, he still hasn't officially recognized the results of the last election. We've heard he sleeps with a Willkie button under his pillow. Jim comes from Saranac Lake, N. Y. Before joining us here, he attended St. Lawrence University for three years. His interests quite naturally turn to winter sports. Jim was a member of Jarvie in his fourth year, and was also associated with the *Dental Review* that year. He intends to go into private practice in northern New York State.

MARCUS BERMAK Mark doesn't run—he scurries. Many is the time that we have come late ourselves, and seen it with our own eyes. Hisfeetgolikethis. Mark is 25 years old, and lives in the Bronx. He received his B.S. degree from City College. He is interested in concert music, and plays the violin himself. He is also a stamp collector, quite a chemist, and an anything-but-calm card player. What he does best, however, is scurry. Come a little late, sometime, and see for yourself. Hisfeetgolikethis.

WILLIAM BERMAN If it's prosthetics that puzzles you, see Bill Berman. He's a whiz. Bill is 24, attended N.Y.U., has blond wavy hair, and giggles. He was appointed to the Student Council this past year, and has been with SED for the last three. Bill will intern at Joint Diseases Hospital, and expects to enter the Army Dental Service afterwards. His secret passion is nature study and gardening. We can just see Bill in a fluffy flowered smock pottering around on hand and knee. What makes the whole thing seem so incongruous is the fact that he lives in Brooklyn.





HAROLD HERBERT BLANK The mad photographer. He's here, there, everywhere with his little flashbulb and exposure meter—always crouching or stretching—always looking for angles. Harold was brought into focus March 20, 1919. He attended N.Y.U., probably majoring in the sex life of the anastigmat lens. Harold's activities at school include membership in AO, the Abstracts Club, and association with the *Dental Review* and *Columbian* for the last 3 years. He was the photographer for *Columbian* this year. Harold is also interested in the theatre, but most of all, he is completely enamored of his own personal hygiene, and takes millions of pills at the slightest provocation. Harold will never just die. They'll have to beat him to death.

MARTIN BLUMENFELD Marty is 24 years old, and has his B.A. from Brooklyn College. He was Jarvie his 3rd and 4th years, and also a member of the Abstracts Club. He intends to specialize in surgery and periodontia. Marty is interested in his wife, tennis, swimming, reading, and music. He has a special passion for singing German lieder: many a time we heard feeble, but stubborn strains of "Die Lorelei" or "Die Zwei Grenadier" floating ever so faintly through deafening renditions of "Chattanooga Choo Choo" or "Big Fat Mama." Personally, we have always wished that both he and the rest of the class would shut up, so we could hear ourselves singing "Shortnin' Bread."



SEYMOUR BLUMENSON One-half of the brilliant (?) team responsible for the atrocities committed in the name of "Senior Profiles—Class of '42" is friend Sy. Besides delusions of literary grandeur, Sy is possessed of a dirty old hat, a dirty old automobile, and a stock of dirty old stories. Just to show how contrary Fate can be—his wife is young and pretty. Sy is a graduate of Columbia, where he received his M.A. in 1938. He was a major in Psychology with special emphasis on memory, but he still schedules two patients for one morning or forgets to schedule any. On graduation Sy will go into private practice on, as he so modestly puts it, "upper Fifth Avenue."

JOSEPH BLUMENTHAL Joe has the peculiar and oft envied ability to answer questions in lecture with a statement so profound and delivered with such dignity, that the instructors are at times tempted to thank him for coming. Such a demeanor is only acquired with time, for Joe is the oldest member of the class, and the baldest. He was born in 1908, which with the aid of higher math makes him 34 years old. Joe is the proud papa of a bouncing baby boy, whom he'll tell you all about if you give him the time—and even if you don't. Joe's plans involve an associateship and future general practice in N. Y.



ADELINE R. CUNTI Addie is, by her own admission, the class Good Samaritan and we all corroborate the statement. For four years she has been lending us her notes, instruments and time. And never a complaint, mind you. Ad is a Brooklyn girl, a graduate of Brooklyn College in '38. She is a tiny girl, even smaller than Joe Luban and much prettier. Her hobbies are choral singing (is she kidding?), cooking, and baiting the faculty. Ad is very interested in research, as is evidenced by her astonishing ability to carry three big, husky gentlemen through a research thesis. Ad intends to intern followed by a general practice. Thus far she hasn't been bothered by the draft.

ANTHONY ASSUNTAS DeGIOVANNI Tony is almost as wide as he is tall, and he worries elevator operators with a cool 240 lbs. Just as big as he is, that's how good natured and "take it easy" he is. Nothing worries this boy, not even requirements. Tony was born in Brooklyn 27 lazy years ago and earned his A.B. at Holy Cross in '38. Tony is a golf bug primarily because he loves the game, but the fact that his figure is not quite one for pole vaulting or fancy skating plays no small part in his choice of sports. Tony will intern at Kings County Hospital where rumor has it they are enlarging the doors.

JOSEPH JOHN DE ROSE Joe is the "Great McGinty" of the class. He is a politician whose methods would delight old Tammany stalwarts. During his four year campaign at Columbia, Joe has been a member of Student Council for the entire time and president of that body this last year. He is a member of the Jarvie Society and circulation manager of 1942 *Dental Columbian*. Joe's hobbies are bowling, giving out cigars and kissing babies. He is also interested in dentistry. Joe will intern at St. John's Hospital in Queens, where we are sure he will call the director by his first name.



LOUIS DRUCKER The Senor with the curly hair and the unkempt moustache is our nomination for ambassador of good will to any South American country. Lou is just a New York boy with Latin leanings. His case is so acute that words like "rhumba," "Carmen Miranda" or "Sloppy Joe's" are enough to give him that faraway look. The Senor received his B.S. from Albright College in Pennsylvania (which we are surprised to learn is nowhere near the Equator). While at school, Lou has been an Alpha Omegan for four years and a member of the Jarvie Society for the last three years. Lou will intern at Gouverneur Hospital in N. Y. C. and then intends to take a hitch in the Army. Wouldn't it be dreadful if they sent him for duty in Greenland?





DAVID EISENSTEIN Dave's just a worry bird. He sits around and worries for the whole class. What we can't understand is what he worries about. He is a good student and a good technician. He's strong as an ox. His birthdate, July 1, 1918 has a favorable horoscope (we looked it up). He lives in Brooklyn where the Dodgers come from. He attended New York University, a reputable school, and received his B.S. degree in 1938 (which is a good number to play. We know.). He is a member of the Jarvie Society. He's a good guy. What's his problem?

LOUIS FISHER Lou was born in New York City October 27, 1917. You'd never know it. He's been living for we don't know how many years way up thar in Ogdensburg, N. Y. Lou is quiet and polite, loves to sing tenor in any quartet, and always feels depressed about the low hundred-weight price of milk. A Cornellian, his hobbies are photography and music. His activities at school consisted of four years with the Dental Review, membership in Alpha Omega, removal of 1 coccygeal cyst, and marriage to 1 girl. Lou would like a general practice in a small town somewhere, but with the world as it is to-day—as Lou so succinctly puts it—who knows?

BERTRAM E. GERZOG Bert has that characteristic way of smoking cigarettes—you know—the cigarette hanging from between the lips at a nonchalant angle, eyes half closed and head tilted slightly backward to avoid the upward-flowing smoke. We think it looks sort of man-of-the-worldish, and we have always been a little jealous of Bert for that—because we can't do it. Be that as it may—Bert is 24 years old, lives in Brooklyn, N. Y., and attended Columbia University. He is his "Dad's" greatest admirer and least severe critic. Bert says his hobby is collecting stamps and coins, but we know different. Rumor hath it Bert likes the fair sex.



JOSEPH ARNET GIBSON, JR. Joe is just a little fellow—but watch out! We're all afraid of him, including one member of the f-a-c-u-l-t-y. Joe has a mind of his own, and a deeply ingrained sense of what's right and what's wrong, and that's that! He is 23 years old, lives in Forest Hills, and attended Columbia University. His interests are photography and crew. Joe was a frater of Psi Omega for four years, was Jarvie the last two, and belonged to the Abstracts Club. He plans for an internship at the Harlem Valley State Hospital. But, Joe, it's all in fun. We don't mean it. But, Joe, please! But, Joe! HELP!



SIDNEY GLATTER For four years neither rain nor hail nor sleet nor snow has kept Sid from being late to lectures. When questioned about this remarkable record of his, Sid replied. "I just don't like the first ten minutes of the lectures." An admirable observation. Sid is a New York boy, arriving late one March day in 1915. He is an alumnus of N.Y.U., receiving his degree of B.A. in 1937. Next to missing trains, Sid's greatest joy is his saxophone, at which he is quite proficient. Sid plans an externship followed by general practice in N.Y.C., if he can get to the State Boards on time.

SAMUEL GREENFIELD Sammy was born August 1st, 1919, in New York. After an adolescent period about which we know nothing, he went to Dalhousie University up in the frozen north. It was here that he probably learned to wear his hat, due to the extreme cold. Which brings us up to the present. Sammy's hobbies are wearing his hat, making little inconsequential gadgets which are of no use to anybody, and knowing the four ventricles of the brain inside out and backwards. As a matter of fact, Sammy knows an awful lot of things. We have no doubt that one day—when he is older—Sammy will wax up a Homberg, cast it in felt (he'll find a way), and wear it happily ever after.



VICTOR HILLEL GROMET Vic has the distinction of being the number one Dodger fan in the class. For four years his beloved Bums and his chesty chest have been the subject of much locker room discussion. Hilly's list of extra-curricular activities reads like the preface to "How to Win Friends." He has been an Alpha Omegan for four years, a member of the Student Council in '41 and '42, a member of the *Columbian* staff and Editorial Board in '42 and on the staff of the *Dental Review* in the same year. Any history of the Atom would be incomplete without some mention of his uncanny ability to quote odds on sports events and to pick the winners.



SALVATORE PHILIP GULLI We have a strong suspicion that there is a small corner of Sal's brain just for old song sheets, 'cause he can recite the intro and chorus to almost every song, old and new. It's phenomenal. He is a graduate of St. John's University receiving his B.A. in 1937. He has been a Psi Omegan for four years and this year was the fraternity Junior Grand Master. He is also secretary of the Interfraternity Council. Our pal Sal just adores the Peabody (a dance), and lifting 200 pound weights over his head about a thousand times. He sure is a terror on those lyrics.





ALBIN RAND HAGSTROM Al is one of the genus *Photographia insecta*, or in plain talk he is a camera bug, who specializes in photographing the oral hygienists on their entrance to school. Which of course gives him first chance to look them over. Clever boy, Al. He is a graduate of Bates College where he received his B.S. degree. While at school he has been a member of Psi Omega for four years, rising to the distinction of Grand Master in his senior year. Al's hobbies are photography, golf, swimming and shooting a little pool with the boys. Al will intern at Kings County Hospital and then will enter the Naval Service.

HENRY DELACY HARTMAN There's one thing about Henry that fascinates us—the way he jumps out of a seemingly sound slumber to ask in clear ringing tones a remarkably pertinent question. We figure it's a Jekyll-Hyde affair. One half of Henry snoozes; the other half is intensely alert. Anyway—both halves of Hank are 27 years old, and live in New Rochelle. They attended Fordham University and spent two years at Georgetown Medical School. They are interested in scads of stuff—sports, philosophy, surgery, and love the Rhumba. They were members of Psi Omega and the Abstracts Club, and plan a general practice in Westchester County. We wish them both the best of luck.

GEORGE HELFAND George is a man of firm convictions. We have never yet seen anyone argue him down. He never loses his temper, his voice continues along in the same even tones, but—he doesn't give an inch. George has been having the last word since May 29, 1917. He received his bachelor's degree from New York University in 1938 and turned it in for a marriage license in February, 1942. He is an ensign right now, and expects to serve in the navy for the duration. George's special interests are handball, swimming, and chess, but he is always willing to sit down with anyone and argue about anyone under the sun.

VINCENT RAYMOND JARRETT Vin's profile can be written in a few well chosen adjectives. Big, well mannered, handsome, and quiet—all are very appropriate and well deserved. Big—well, he stands about 6'2". Handsome—did you ever see Walter Pidgeon in a dental jacket? Well mannered—he never once struck an instructor during clinic hours. Quiet—a clever method Vince employs to impress people with his sagacity. Vin is 26 years old and graduated from Tufts College in '38. His hobbies are golf, boating and smoking cigarettes by the hundred. He will intern at the North Country Hospital in Glen Cove, L. I.



ROBERT LOUIS KELLY Bob is our rugged individualist. He was born an Irishman some 26 years ago, and lives up to it. A Fordham man, he has a positively indecent passion for the Fordham football team. In between seasons, he transfers this interest to crown and bridge work and flying—which latter doesn't seem to have done any good as far as coming to 9:00 o'clock lectures on time is concerned. We understand that Bob plays golf like mad, so, naturally, he'll make an excellent dentist. Bob has a fine voice—of the “silver-tongued” tenor variety. (Quick, Dr. Ziskin—a moultage!)

JEROME LEONARD KLAIF Jerome L's claim to immortality is the remarkable resemblance of his moustache and auricular appendages to a certain famous actor. With malice aforethought we must add that here the resemblance ends. Jerry was born and raised in Brooklyn, where he received a thorough grounding in pinochle. He is a graduate of N.Y.U. from which institution he received the degree of A.B. in 1938. His hobbies include fishing, pinochle and women. Jerry's future plans are vague. If Hollywood doesn't beckon he will go into private practice.





HAROLD JASON LANSING Harold is a quiet lad. Honest, he has been so quiet for four years that all we can remember about him is the clever way he ducks under the screen in lecture room while the slides are on, and that dapper grey Homburg. Harold was born and raised in New Jersey. He received his B.A. from N.Y.U. in 1933 and his M.A. from Pennsylvania in 1935. His idea of heaven is to be left alone with his chess set and his viola. That's what we said, viola. Harold plans a general practice in Newark, N. J. None of the above, however, explains why he is so quiet.

JOSEPH LUBAN "Lil Joe" is a solid citizen and he'll fight anyone in the house who says anything to the contrary. Joe is an alumnus of good old City College where he got a sound foundation in the art of boxing and, incidentally, a B.S. degree in 1938. It was during his college career that Joe cultivated his Gay Nineties haircut, the weirdest tonsorial masterpiece that ever graced a barber college chair. Joe's interests include boxing, fishing, and asking Ira Tolvin (6'2" 240 lbs.) to "step outside and settle it with fists." Joe has been Alpha Omegan for four years and intends to take the graduate orthodontic course at Columbia. We must add that the only people who can abuse Joe and get away with it are Dr. McBeath's little darlings.

JOHN JOSEPH RYAN MEANY It is a simple matter of arithmetic to figure out that John has crossed the Hudson River 1,520 times in the past 4 years. Which, to us, seems very boring. Rivers are so flat. Anyway, John has no choice in the matter, since he lives in North Bergen, N. J. John was born in Hoboken 25 years ago, and got his A.B. from Holy Cross. A good student, he has been Jarvie since his sophomore year; also, he has been a member of the Newman Club for three years. John would like to get into private practice, if and when the Army lets him. His interests are sports and the movies. 1,520, can you imagine! If it were up to us, we'd move.



ALVIN MOONEY Al's a swell guy—always there with a helping hand and some constructive criticism—like: 1) You gonna put that in someone's mouth? 2) You call that balance? 3) You call that a margin? etc. etc. But, darn him, he's always right. He's been pesky this way for 24 years. Maybe there's still hope. Al's SED and he's been Jarvie for 3 years. He likes kids (don't ask us why), so he is interested in the Guggenheim internship. He also is interested in oral pathology and he just L-O-V-E-S the movies.



MORTIMER PANOFF Morty first impressed us with that hilariously funny demonstration of the tic. To him belongs the mimicry crown and no student or faculty member is exempt from a Panoff takeoff. In spite of his peculiar talent, Morty has been very popular about school, evidenced by his position as secretary of the Student Council in the junior year and vice-president of that body this past year. He was also vice-president of the sophomore class. Mort received his A.B. from the University of Maryland in '38. Mort's hobbies center about birds and bird calls and a marked devotion to Al Mooney.

RICHARD PASTERNAK One might call Dick a choosy cat napper—a discriminating dozer, for we know by experience that if Dick deigns to stay awake during a lecture, that lecture must have some merit. Dick is an alumnus of Johns Hopkins University where he first showed his remarkable aptitude as a lecture critic. He has been a Jarvie Society member for three years becoming its president in his last year, as well as business manager of the *Columbian*. Dick would welcome a hitch in the Army after graduation. His interests are very simple, just give him a party at the A.O. house—or a Nedick's hot dog—and he is happy.



LEONARD M. PEARLMAN Lennie is twenty-five, wants to know all the answers, and likes spaghetti. A Brooklyn boy, he attended City College for two years, and then, deciding to get away from it all, finally received his degree from the University of North Carolina. Lennie's tastes are varied—photography, music, tennis, and skiing. He is probably pretty good at this last, for he comes back to us after winter week-ends cheerful and in one piece. Lennie plans for an internship, after which he would like to go in for the practice of orthodontics. Here's one man who presumably enjoys free-hand soldering.

DORIS M. RHODES Theoretically, a woman's place is in the home, fussing over a hot stove, or darning her husband's socks. Not so with Doris. She fusses over a casting oven and probably sends Henry's socks out to a lab. Doris was born 23 years ago in New York City, and got her degree in three parts—University of Michigan, N.Y.U., and City College. She is the outdoor type, interested in skiing and golf. Being a woman, she likes children and plans to specialize in orthodontics and dentistry for children after finishing an internship at Guggenheim. Her husband probably has dinner late on some Friday evenings because Doris attends the Dental Abstracts meetings.



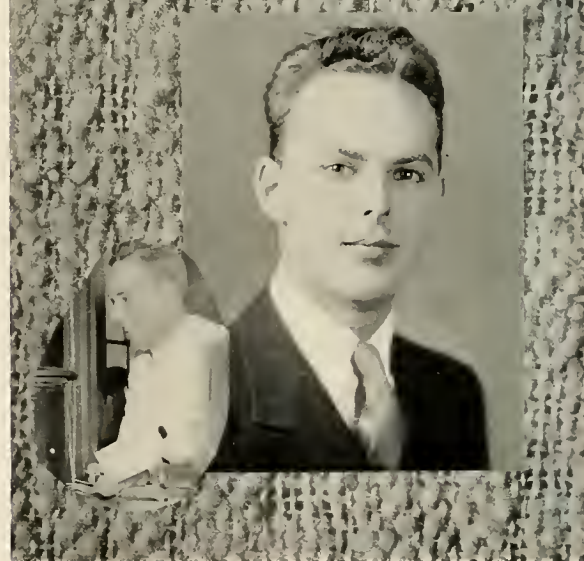
NORMAN L. ROSNER Norm is 25 years old, received his B.A. from New York University, and has an internship in Johnson City, N. Y.—oh, sure you’ve heard of it—Johnson City, why sure. He owns a 3-5 bridge, and a beautiful Dalmatian dog, and is madly in love with both of them. He almost always has a cold, is usually hysterical about something or other, and hounds the life out of Dr. Young. He plays a good game of tennis—basketball, too, and is very much interested in China. He was a member of the Student Council our sophomore year. He is half responsible for these perfectly hilarious profiles you’ve been reading. Plug.

JOSHUA F. ROSS The EDITOR was born with a silver whip in his hand some 25 years ago, and completed his undergraduate work at City College receiving his degree in ’37. Our impression of the Chief this last year might well be called “Josh the Juggernaut,” in which a wild-eyed monster, paragraphs dripping from his hungry maw, cried, “Copy, copy.” (Ed. Note—Oh a wise guy, huh?) Really, the martinet is a very simple lad with tastes running to expensive cars, extensive practice and a lovely brunette in a plaid suit. He has been a faithful Alpha Omegan for four years and a member of the *Columbian* and *Review* staffs for these years. Future plans are tied up with said brunette.

JOSEPH SHOHAM Joe definitely shall not inherit the earth. He has about as much finesse as a tornado. He is afflicted with a burning desire to know everything, do everything, and say everything, and to make a long biography a profile—he does. Joe ranks top scholastically in our class. If all his lecture notes were laid end to end—well, it's staggering. As to vital statistics: Joe was born October 6, 1914 in the Bronx, received his B.S. from City College in 1935. His hobbies are natural history, metalcraft (which he does beautifully), geology and hiking. He was chairman of the Dental Abstracts Society and was in Jarvie. In answer to our question about his future plans, Joe said they were indefinite. For once, he seemed at a loss.



ANTHONY SKARKA We never could quite understand Einstein's Theory of Relativity. However, assuming that light travels through space at a rate of 186,000 miles/sec., and that Tony travels through requirements at a rate of 16 units/trimester, we figure that's why he had enough time to get married this year. Whatever theory you use, it all comes down to the same thing—Tony's just fast. Tony is 24, comes from Schenectady, and attended Union College. He was a member of Jarvie in his 3rd and 4th years, and was also vice-president of our class those years. Tony would like an associateship up in Albany. We'd wish him god-speed, but it really isn't necessary.



NORMAN PERSHING TANZ Normie is a smart boy. Witness: He started college (C.C.N.Y.) at the tender age of 15 and dental school at 19. During four years of cerebral gymnastics, Normie has found time to be on the staff of the *Dental Review* in '39 and '40, on its editorial board in '40-'41, associate editor in the same year, and editor this last year. He was on the editorial board of 1942 *Dental Columbian* this last year. Apparently Normie's talents are recognized elsewhere than just at school, for he was awarded the coveted internship at Mt. Sinai Hospital.

IRA TOLVIN Ira Tolvin and Jack Topolsky are the original Corsican brothers. They are as inseparable as a wax-up on an unlubricated die. If Jack holds a 350 hand in Brighton, Ira will jump for joy in Flatbush. Let's take one at a time though. Ira is 26 years old, and attended New York University, finally ending up with a Master's Degree in 1939. He is generously proportioned, built like an ox, and so stubborn. He loves to sing Italian operas in a voice that resembles an ack-ack gun. He also loves to sing Gilbert and Sullivan in a voice that resembles an Italian opera singer. Either way he is stiff competition for Zackheim.



JACK MURRAY TOPOLSKY The cry "Research" as used on floor G is the call to arms for pinochle players. This cry is music to the ears of friend Jack, for he is the pinochle player par excellence. Jack's hobbies in the order of their importance are pinochle, pinochle, rummy and pinochle. A graduate of the University of Kansas, Jack earned his A.B. after four years of teaching the yokels vingt-et-une. He has been a member of SED since his freshman year. Jack is considering an internship, but the hospital must supply the cards.



ROBERT F. WEBER Just like we tried to tell Bob, there's really nothing sensational to write about him. He's a plain guy, average young fellow, a little quieter than usual, a little brainier than usual but still just a plain guy. Bob was born in New York 23 years ago, graduated from Columbia in '38 receiving his A.B., and intends to practice in N.Y.C. after doing a little Jap-slapping. Straight stuff, see? Bob has been a most devoted Alpha Omegan and was honored by being elected chancellor of the fraternity this past year. He'll play any kind of cards with you, and he respects a raiser. (That's poker talk.) Nice, plain boy.



JULIE'S WEINRIE On October 15, 1919, Julie shyly entered this world. looked around, sighed, and decided to stay. Now, 22 years later, he feels that if the state boards go well, life was worth it. Julie's hobbies are current events and music, dropping his kit at least once a day and finding everyone else's, and a sinister infatuation for a certain girl known only by veiled reference as "Margie." Julie received his B.S. degree from City College. He was a member of the Philosophy club in his Junior year. Julie is shy, terrifically sincere, has a wonderfully infectious laugh, blushes furiously at the drop of an inflection, and we all love him.

LAWRENCE ABBOTT WESTON Lawrence Abbott graduated from West Virginia University in '38 receiving his B.A. with a minor in men's fashions. Like a page out of Esquire, our Mr. Weston is always calm and collected, and there is no shoulder droop, even when those bridges don't go to seat. To complete the picture of suave gentility, Larry possesses a voice—a sort of a low, smooth, "between you and me" voice. A recent member of the Naval Reserve, he is fascinated by that lovely Navy blue and gold uniform, and is palpitating to try it on for size. Too bad it doesn't come with a pin stripe.

SIDNEY J. WINTER Sid, our bubbling boy from the Bronx, came to us from Dalhousie University, Nova Scotia, by dogsled, whipping three huskies and Sammy Greenfield all the way before him. He really is 48 years old, but traveling around by bullet the way he does has cut his age down by half. Standard techniques are all right for the next one, but for Sid, well, playing it from under seems the smart thing to do. Can that be why he invariably is finished first in all our courses? Sid expects to go into associateship after graduation, preferably in N.Y.C. He is interested in athletics — says it keeps him fit. Will you excuse us while we lie down? We're exhausted.

JOSEPH WOLFE Joe was born 24 years ago in Lowell, Mass., and for the last four, has been just dying to get back. To Joe, Massachusetts is the only state in the Union, and his coming to Columbia University is merely part of a good neighbor policy. Joe received his bachelor's degree from Boston University. His interests are involved primarily with Greyhound Bus timetables and the quickest way home. Every now and then, however, he feels a little something for current events and the theatre. Joe was a frater of Alpha Omega for four years. He intends to practice periodontia some day, but first, would like an internship. Guess where?





LESTER IRVING ZACKHEIM Lester's hobby, as he himself so modestly admits, is "singing for the enjoyment of others." Isn't that sweet? For four years now, Lester has assailed our ears with a variety of howls and catcalls which defy description. The very horror of his voice has fascinated us, sort of a moth-flame relationship. Under the heading of fascination—Lester just loves to use complicated eight-syllable words. His phrasing of questions leaves one limp. Les is a member of Alpha Omega, and was associated with the Dental Review for four years. A Columbia grad, he is 24 years old. His moustache will celebrate its 1st anniversary in September, 1942. Everyone's invited!

DR. HANS FREIVOGEL Perhaps the only redeeming feature of the rise to power of the mad dictator of Germany is the fact that excellent scientists and craftsmen have been forced to seek refuge on our shores. One of these is Dr. Freivogel who will practice general dentistry here after being forced from his native Vienna. He started medical school at the University of Vienna, and after serving with the Red Cross in Serbia and Albania during World War I, graduated in 1921. In '21 and '22 he studied dentistry under the famous Hans Pichler. Dr. Freivogel's interests are centered about scientific photography, and research work in dentistry.

Class of '43



OFFICERS

President—Matthew McCue

Vice-President—George Colmer

Secretary-Treasurer—Alfred Karp

... the milling in

Jim Coyle admitted that two terms of presidency were enough for him and stepped aside to let Matthew McCue take the reins for the junior year. From their first day in dental school students dream about the junior year; so they were bursting with enthusiasm when the dream came true. The first few weeks saw them in the clinics working like veterans—on each other. Al Karp had his jaw dislocated during a plaster impression seance, but all was well—the impression was good. A compound impression was successfully used by Al Feldman to remove some fixed bridgework from Al Engel's mouth, and Diner did an aberrant slice preparation on Dittmar with the aid of a rubber dam clamp. The tooth split slightly, but the clamp is still usable. There were other accidents: ask Jack Yellin about Ray Zulch's partial denture.

After a few weeks of this self-torture, the class finally graduated to the stage where they were let loose on clinic patients. A race immediately began between Hindels and Hersey—to outdo the other was all each asked of a kindly providence. The musical voice of Mrs. Nadon summoned the faithful to the desk, where after appropriate rites they began the curious ceremony known as the “full-full.” And Mrs. Amy had a new set of students to call to the phone.

The clinic was deserted on Saturday mornings during the football season and interested patients could have found the students ushering, guarding the gates, or selling hot dogs at Baker Field while the Columbia football games were in progress. Citation must go to Dittmar, Markowitz and Medaglia who did research on prevention of “dead end kids” trying to crash the gate. However the blue ribbon with palms was awarded to Paul Tascher and Norman Menken for supplying all colleagues with hot dogs and coffee. Hindels and Hersey did not race during football games.

junior class

The end of the football season found all the juniors back in the clinic. Hersey and Hindels resumed their competition, but Naomi Gordon, wheeling in her instrument kit on a roller skate, began to make a bold challenge for the leadership of the weasel pack.

December 7, 1941 had a marked effect on the junior class. The dental clinic was overflowing with patients, but few students were present. They were down at Church Street signing up for the Dental Corps in the Naval Reserve. It is Kaplan's fond hope that the beautiful blue uniform with brass buttons will finally get him a date with an oral hygienist. Dental students did their bit for National Defense—they used rubber dams until there was no place to punch another hole. The Red Cross First Aid Course resulted in a few unorthodox bandages—useful only in times of peace. Hindels fell two bandages behind Hersey and worked hard to catch him in the home stretch splint.

Many junior students have begun work on their senior theses. Ray Mozzer has had a nervous breakdown—he sits in a corner muttering “monkey smear”—something to do with his thesis and Dr. Ziskin, we suspect.

Mrs. Moore usually went around the clinic rounding up the dental students to see something extraordinary in Oral Diagnosis—another interesting case that Drs. Ziskin and Zegarelli discovered after a student charted it as an extracted tooth.

Ethics was the only lecture which found all the students on time. The ten minute quiz must have had something to do with that.

Due to the national emergency the senior year will begin in July. Hindels and Hersey will be able to continue their race with the month of June to catch their breath.

Class of '44



OFFICERS

President—Harold Bell

Vice-President—Thomas Bevilacque

Secretary-Treasurer—Stanley Nief

sophomore class

... the try-in

Our story is grim, but it must be told. Blithely we sallied forth to the wars of the sophomore year: bedraggled, we wearily limped home at the end of the campaign. What problems did we not encounter? What obstacles did we not overcome? What redoubtable courses did we not take by storm?

Last autumn, our men charged with banners flying against the bulwarks of Fort de St. Pathologie. Our ranks were split by infiltrating leucocytes; entire squads were surrounded by perivascular cuffs; monstrous thrombi blocked our path—we tried to recanalize them, in vein.

From the far-flung province of Bacterio came treacherous diversion attacks against our flanks in the form of hard-riding Staphylocossacks and mobile units of diplococcic monsters in heavily armored capsules. Our men were subjected to punishing dive-bombing attacks by *Aerobacter Stukas* and fusiform dirigibles dropped their deadly spores. Undaunted, we fought back with correct diagnoses and Bunsen flamethrowers: dashing out of trenches in leaky margins, we foiled enemy attacks by plugging terrific cavities in their ranks.

There was no end to the fiendish contraptions. Many of our best men fell into ingenious traps of viciously snapping teeth set up in huge articulators. When we captured machine guns we would burn our hands on their hot tripods. The water in our flasks was mixed with plaster. At one time, our morale was so low that the foe urged us to give up—they sent a message by an amalgam carrier—"Surrender before we denture lines." But confidential reports by Mondschein from the wars of the last four years convinced us we would triumph.

Our troops fought like men possessed—Gen-

eralissimo Bell's strategy was super-strategic; Lt.-Gen. Bevilacque was a veritable Samson in the fray, wreaking havoc by using Phil Catalano as a club; Bushel kept up a devastating fire of puns, demolishing the enemy's risibilities; Nurse Natelson was everywhere, caring for everyone, pulling bandages, narcotics, advice and old garters from her everpresent notebook; Chief of Intelligence Lifton figured out a method of attack by swooping down from the fourth dimension. The battlefield was a charnel-house—necrosis, inflammation, liquefaction, caseation, karyolysis, coagulation all over the place.

Well, we won. *Proteus vulgaris*, the common people in our enemy's domain, rose and in accordance with the terms decreed by Political Commissars Devlin and Bongiorno, brought out their leaders thoroughly spatulated on chilled glass slabs.

On our long way home, we were continuously harassed by natives. Guerrilla bands of eosinophiles, all dressed up in red warpaint, bothered us for days, and once, while we were encamped in an excavated molar, telling psychiatric stories by the weird light of an x-ray, ear-splitting shouts were heard. We were surrounded by howling Maoris and grimacing toothy Eskimos—all continuously chanting their war cry "Caries free! caries free!" The melee was fierce, but a porte polisher, brought up in the nick of time, polished off the barbarians.

The denizens of the Forest of Pharmaco came out—fierce rabbits and albino rats, and savage mustard oil squirters. But we fought them off and reached home, as you may see, and are now recuperating. Secretary of the Treasury Nief is floating a loan so that a beautiful mucin plaque may be set up to those of our class who perished in this glorious struggle. So ends our saga.

Class of '45



OFFICERS

President—William Leonard

Vice-President—Leon Lackey

Secretary-Treasurer—John Dorsey

freshman class

. . . primary impression

On a bright Monday morning in September, fifty-one lads of assorted sizes slowly gathered in the corridor on H floor. Strange to their surroundings, they gaped and gawked, envious of the self assurance of the sophomores. Then filing into a room filled with fifteen mysterious, sheeted figures, they received the worst shock of all. The Southern gentleman at the front of the room, after murmuring something about a general idea, asked them to cut into those ghastly cadavers on the cold, stone slabs.

But they were a hardy lot, the class of 1945. Momentarily startled they recovered quickly and were soon slashing away with almost an excess of zeal. As fine a lot of boys as ever misused a scalpel, they were discovered to be, through some strange twist of fate, good students in addition. Although their work was far from easy, they soon found that instructors were present for the purpose of their personal education and not their personal destruction. When last observed, all members of the freshman class had been uniformly successful in their studies, and were moving ahead under full steam.

Striving constantly to attain the goal of a well-rounded life, the men of the class were not hesitant in indulging their social as well as their mental graces. Early in the year, a beer party was held that was a model of success in conviviality. It was attended by some of our favorite instructors who were found to be men as well as scholars. In addition, there has been a fine turnout of freshmen as pledgees for the fraternities. The class gives promise of being able to continue

socially in the fine manner to which Columbia has become accustomed.

There are some memories of this first year that will remain happily with us for many years. First of all, there was the gross anatomy laboratory—the infamous cadaver on table 11, on whom water was used instead of preservative, until numbers 10 and 12 turned over on their tables—that feeling of utter despair that came from watching a nerve specialist tear his way through arteries and veins that had been painstakingly preserved—and the “boner” club, led by the discoverer of the fourteenth thoracic nerve.

Histology—where smallness is the order of the day, extending even to marks—that terrible mental state that comes while trying to decide between spleen and lymph node. Probably no student in the class will forget how to “define and locate a. plasma cell, b. . . .”

In January a new routine was started. In oral histology and anatomy it was discovered—that dental students even have to study teeth—that everyone is equipped, through some horrible mistake, with ten thumbs—that “I’m not supposed to be a sculptor, am I?”—that “I’m not supposed to be an artist, am I?” And finally physiology, the worst part of which is, that by the end of May, no one can look a cat in the eye without feeling like an awful cad.

And so the first year went, with the freshmen as a group registering only one complaint as a group—“Why had they not been blessed, as were all the other classes, by the presence of a member of the clan of Eve?”



activities



DENTAL



Four years as a class together leaves us with many memories—of classrooms, lectures and clinics; of parties, dances, frolics; of living, learning, maturing. These are the things *Columbian* tries to convey. Its function is not the immediate, graphic representation of the days past; it is to supply small vantage points from which memory can take wing many years from now, stimuli to recall trials, tribulations—and faculty. 1942 *Columbian* has a theme: Student, School and Future.

An editor is not alone in preparing his book. There is the staff: editorial, photographic and business; through their combined efforts a publication has evolved. Pasternak's senior thesis continually filled the *Columbian* locker to overflowing; his work was thorough and conscientious. To Mort Panoff, for his untiring efforts as Advertising Manager and as a major editorial contributor, goes a double tribute. And we point with pride to the pictorial results of the prodding

STAFF

Editor—Joshua F. Ross '42

Business Manager—Richard Pasternak '42

Managing Editor—Robert F. Weber '42

Faculty Adviser—Dr. Solomon N. Rosenstein

Associate Editors—Norman Rosner '42

Seymour Blumenson '42

Photography Editors—Harold Blank '42

Hans Freivogel '42

Advertising Manager—Mortimer Panoff '42

Circulation Managers—Joseph De Rose '42

Victor H. Gromet '42

Salvatore Gulli '42

COLUMBIAN



Editorial Staff—G. Harry Barrer '42

Norman P. Tanz '42

Jack Yellin '43

Al Jaffe '43

Stanley Vogel '43

Leonard Hirschfeld '44

Jerome Zane '44

Edward Mandelbaum '45

Jerome Rogers '45

Business Staff—Norman Menken '43

Naomi Gordon '43

Meyer Rifkin '44

of Blank. Rosner and Blumenson, two sleepy people, finally produced the modified epics describing each of us.

There were many others, students and faculty, who aided. The mast-head proudly displays their names. Special mention must be made of Dr. S. N. Rosenstein who was ever a quiet but sure guide. To Miss Sylvia Rosen of Comet Press and to Mr. Andrew Lessin of Majestic Engravers for their help in planning and designing layouts, and general technical excellence go heartfelt gratitude. Mrs. MacKenzie listened to all our tales of woe, and Dr. Holliday was an encouraging bulwark.

Now 1942 *Columbian* is yours. If you feel the same pride in possession that the staff had in its creation, its mission is fulfilled. Between the covers are the hopes and aspirations of four years of hard work. May the future fulfill its promise to each to the last full measure of happiness.

DENTAL REVIEW



One of the very few dental journals published only by students, the *Columbia Dental Review* is justly proud of its reputation throughout the country as a scientific dental publication.

Editorial policies have not changed to any great degree in the past year. Once again student research papers were reported, as well as current work being done by members of the faculty. Much of this material is published before reports of it reach other journals—in fact, articles in the *Review* have been quoted on several occasions by the “Yearbook of Dentistry” and other publications. In addition to this material, an attempt has been made to present the views of public health and military officials on current dental problems. At least one feature article in each issue gave practical material of use to student and graduate practitioners.

Due to its wide circulation throughout the world—it is exchanged with journals from several foreign countries—the *Review* is slowly eliminating material of purely local interest, and is attempting to carry material of interest to all of its readers.

The *Review* has been received at Columbia with enthusiasm by both faculty and students. Reports reaching us from outside sources indicate its universal acceptance.

STAFF

Editor: NORMAN P. TANZ, '42

Associate Editor: G. HARRY BARRER, '42

Editorial Board: Harold H. Blank, '42; Louis Fisher, '42; Robert F. Weber, '42; Joshua F. Ross, '42; Lester I. Zackheim, '42; Eugene Gottlieb, '43; Robert Gottsegen, '43; Stanley W. Vogel, '43.

Contributing Board: V. H. Gromet, '42; N. Gordon, '43; J. Medaglia, '43; N. Menken, '43; A. Bushel, '44; J. Flashner, '44; L. Hirschfeld, '44; A. Mufson, '44; S. Plotnick, '44; M. Rifkin, '44; J. Zane, '44; E. Mandelbaum, '45; J. Rogers, '45.

Circulation Board: James Bellows, '42; Anthony Skarka, '42.

Managing Board: Melvin M. Morris, '41, D.D.S., Alumni; Ewing C. McBeath, D.D.S., M.D., F.A.C.D., Faculty.

STUDENT COUNCIL



OFFICERS

President—Joseph De Rose

Vice-President—Mortimer Panoff

Secretary-Treasurer—John Yates

Faculty Advisers—Dr. Donald McLaughlin

Dr. Henry Gillett

Class of 1942: Harry Barrer, William Berman, Joseph De Rose, Victor Gromet, Mortimer Panoff.

Class of 1943: Edmund Burke, Matthew McCue, Joseph Sarubbi, John Yates.

Class of 1944: Harold Bell, Alfred Bongiorno, Francis Devlin.

Class of 1945: George Greene, William Leonard.

INTERFRATERNITY COUNCIL

OFFICERS

Adviser

Dr. D. J. McLaughlin

Alpha Omega

Robert Weber

Robert Gottsegen

Psi Omega

Albin Hagstrom

Salvatore Gulli

Sigma Epsilon Delta

William Berman

Harold Diner



WILLIAM JARVIE SOCIETY



OFFICERS

President: RICHARD PASTERNAK

Vice-President: ANTHONY SKARKA

Secretary-Treasurer: EUGENE GOTTLIEB

Faculty Adviser: DR. JOSEPH SCHROFF

The William Jarvie Society for Dental Research, founded twenty-one years ago in honor of William Jarvie, a benefactor of the Columbia Dental School, is the school's honor society. Membership is based on scholarship, character, and participation in extra-curricular activities.

The activities of the society in the current year included addresses by men on the staff, men in the profession, and by students presenting their senior theses.

Senior Class—Harry Barrer, James Bellows, William Berman, Martin Blumenfeld, Adeline Cunti, Joseph DeRose, Louis Drucker, David Eisenstein, Joseph Gibson, John Meany, Alvin Mooney, Richard Pasternak, Joseph Shoham, Anthony Skarka, Norman Tanz.

Junior Class—Edmund Burke, Albert Engel, Milton Goldsmith, Eugene Gottlieb, Robert Gottsegen, Glenwood Hersey, Norman Menken, Joseph Sarubbi, Laurence Shesler, Alexander Smith.

Sophomore Class — Leonard Hirschfeld, Simon Lifton, Paul Mostofsky, Boaz Shattan, Jerome Zane.

Omicron Kappa Upsilon

OFFICERS

President: DR. EARLE B. HOYT

Vice-President: DR. DANIEL E. ZISKIN

Secretary-Treasurer: DR. EWING C. McBEATH

The year 1914 saw the founding of Omicron Kappa Upsilon as the national honorary dental fraternity at the Dental School of Northwestern University. The organization was dedicated to setting a standard of achievement as a goal toward which students would strive.

The society has been successful in promoting scholarship in students, furthering dental research, obtaining excellent teaching methods in dental schools, and maintaining rigid clinical and ethical ideals in the practice of dentistry.

Omicron Kappa Upsilon has achieved these objectives by keeping steadfast to the aims of the founders of the fraternity: "encouraging and developing a spirit of emulation among students in dentistry and to recognize in an appropriate manner those who shall distinguish themselves by a high grade of scholarship."

The Epsilon Epsilon chapter at the School of Dental and Oral Surgery was chartered in 1934 with eleven of the faculty as charter members.

The first president of the chapter was William B. Dunning. The charter members are: Adolph Berger, Charles F. Bodecker, Henry S. Dunning, William B. Dunning, Leroy L. Hartman, Henry W. Gillett, Milo Hellman, Anna V. Hughes, Harold J. Leonard, Leuman M. Waugh, and the late Arthur J. Rowe.

New members are selected each year from the graduating class. The selection is based on scholarship and character. Also eligible for membership are members of the faculty and alumni of the School of Dental and Oral Surgery whose work has been outstanding in the profession.

At the 9th Annual Banquet and Convocation in June 1941, the following men of the Class of 1941 were admitted as members of the Epsilon Epsilon chapter of Omicron Kappa Upsilon:

G. H. Martin, Jr.

A. Leff

W. J. Jagard

S. L. Lane

J. J. Needham

J. S. Klatell

At the close of the present school year, the honor of election into Omicron Kappa Upsilon will be bestowed upon several men of the Class of 1942.



ΣΕΔ

OFFICERS

Master—William Berman

Chaplain—Harold Diner

Scribe—Alvin Mooney

Historian—Jack Topolsky

Treasurer—Jerome L. Klaif

Class of 1942: William Berman, Joseph Blumenthal, Jerome L. Klaif, Alvin Mooney, Jack Topolsky.

Class of 1943: George Colmer, Harold Diner, Joseph Markowitz, Robert Wellward.

Sigma Epsilon Delta

The Sigma Epsilon Delta fraternity was organized at the New York College of Dentistry in 1901. Gamma Chapter was organized at Columbia shortly afterward. The fraternity was conceived upon the ideals of good fellowship, high scholastic standards, and devotion to the dental profession. These ideas were rapidly adopted by student bodies in other localities, until today, Sigma Epsilon Delta maintains undergraduate chapters in dental schools throughout the country.

Our fraternity house is the site of business meetings, study groups and many pleasant hours of recreation. The meetings are usually enhanced by the presence of a guest speaker. An innovation, "Dental Information Please," was recently instituted and "took" immediately. The members are delighted with the general tone, as well as the wealth of information imparted by our board of experts, selected from among our graduate members, to answer undergraduates' questions. Occasional parties are also given, all of which tends to bind our fraters into a very close and cooperative group.

The monthly graduate chapter meetings, which are open to the undergraduates, are always a great source of pleasure and enlightenment. Here our members are afforded the opportunity to witness the presentation of lectures and clinics by eminent men in the profession. These serve to augment the knowledge gained at school and the contact with members of our chosen profession is always stimulating and inspiring.

With the idea of affording added incentive for the maintenance of a high scholastic standard among the dental student body, Sigma Epsilon Delta has provided for an award to be given to the outstanding student of each senior class. All seniors are eligible and the recipient is to be chosen by the Dean.

With present world conditions in such a turbulent state, our seniors are making no plans for private practice, but instead are looking forward to active duty in the armed services of our country. To these men, we extend our sincerest wishes for their happiness and success in all their future undertakings.



ΨΩ

OFFICERS

Grand Master—Albin R. Hagstrom

Junior Grand Master—Salvatore P. Gulli

Secretary—Alexander B. Smith

Treasurer—Joseph F. Sarubbi

Editor—Joseph A. Gibson

Chaplain—John B. Yates

Class of 1942: Joseph A. Gibson, Jr.: Salvatore P. Gulli, Albin R. Hagstrom, Henry DeL. Hartman.

Class of 1943: Charles Acquista, Louis F. Brignole, Edmund W. Burke, Glenwood I. Hersey, Guido M. Lometti, Matthew C. McCue, Stephen V. Mandracchia, Joseph M. Medaglia, Raymond R. Mozzer, Joseph F. Sarubbi, Lau-

rence F. Shesler, Alexander B. Smith, Robert S. Wolfram, John B. Yates.

Class of 1944: Thomas J. Bevilacque, Alfred M. Bongiorno, Joseph P. Carlucci, Philip P. Catalano, Nicholas G. Georgeade, Edmund J. May, William J. Miller.

Class of 1945: Francis J. Kenneally, Henry J. Rendich.

Psi Omega

In 1942 Psi Omega Fraternity celebrates the fiftieth anniversary of its birth. It is now the largest dental fraternity and has grown steadily in strength and numbers since the formation of the initial chapter at the Baltimore College of Dental Surgery in the Spring of 1892. Twenty thousand members in the United States form over thirty active chapters which are located in cities throughout the country. In addition many men prominent in the field of dentistry constitute a strong and active group in Europe. It can be said with truthfulness that Psi Omega has reached a ripe old age in the best of health.

The outstanding qualities of the fraternity are a prudence, that guided the formation of principles which guarantee the continued welfare of the group; a zeal, which is self-evident in all fields of the profession and participated in by both the alumni and active members; and most important, an integrity of the whole as well as each individual that makes every member proud to be associated with such an organization. The furtherance of these three ideals has brought about the leadership of Psi Omega men in scientific, educational and social fields of endeavor.

Gamma Lambda chapter itself enjoyed a most successful year. During the Summer "Nick" Georgeade and his sophomore colleagues renovated the house and proudly opened its doors to twenty-seven members who made up a much stronger group than any enrolled during the past several years. Many enjoyable evenings were spent listening to the words of wisdom of faculty men from school who were invited to the house for a combined educational and social gathering. These meetings we cherish as the most enjoyable of the entire year. In addition there were many social functions particularly the Oral Hygienist, Thanksgiving, Christmas and Easter parties which were attended by

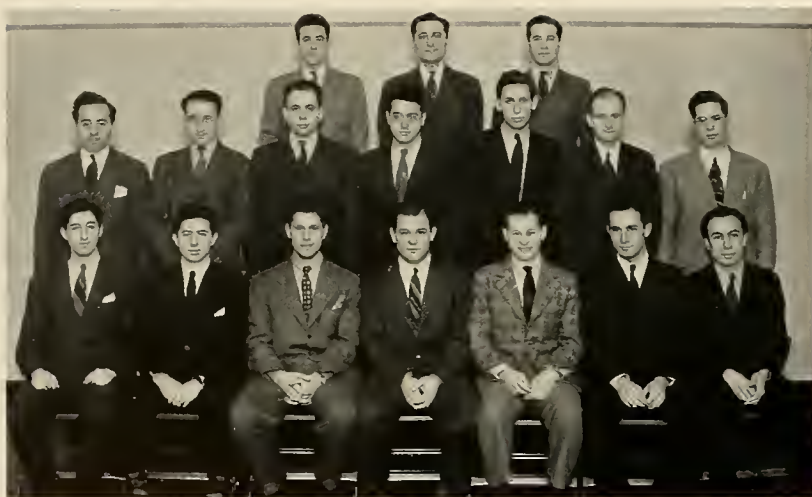
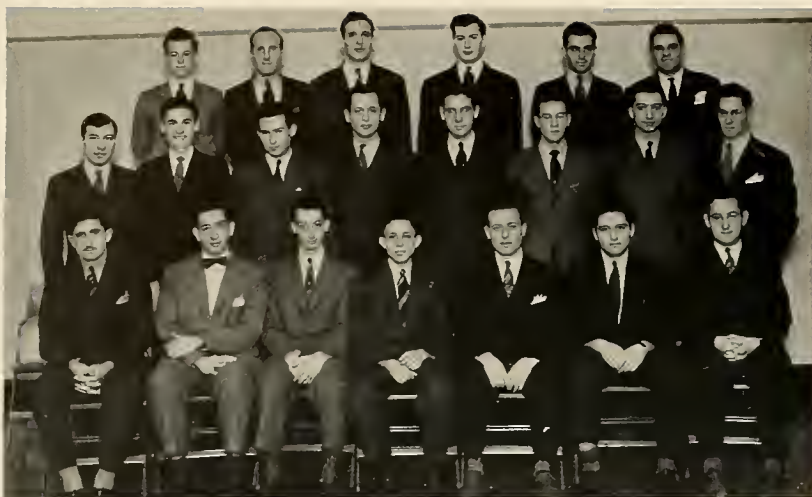
enough active members and alumni to tax even the recreational resources of Gamma Lambda. The annual Winter Formal was a great success and the members are looking forward to the Senior Ball which will be held in June.

The present Seniors have received many honors while in dental school but we will always remember them as we knew them best—Al Hagstrom who served unselfishly and uncomplainingly in the roles of Treasurer and Grand Master and yet never could quite get rid of that slice on the golf course; Joe Gibson, former Secretary and Editor, who kept all those famous little by-laws tucked away in his cranium; Sal Gulli, House-Manager supreme and weight lifter extraordinary; and Hankus Hartman whose good nature and unselfish efforts have insured the success of many a social function. We know that they will attain success and all that we can do is wish them the best of everything which might hasten that accomplishment.

Elections for the coming year have been held and Ed Burke will take over the duties of Grand Master. He will be assisted ably by Matt McCue who will serve as Junior Grand. Ed May and Tom Bevilacque will be Secretary and Treasurer respectively and Bob Wolfram has been chosen Editor.

Joe Medaglia, the Chief Inquisitor, will have nine pledgees to consider. They are Messrs. Bibbo, Caulfield, Girling, Orfanos, Hribar, Lackey, Monahan, Thoma and Reilley. John Schreiner had signified his intention of pledging but volunteered to serve in the Naval Air Corps.

And so another year at Gamma Lambda has passed leaving with us the assurance that in the future more men will be able to enjoy the benefits that we have and we hope that we have in some way made this more possible.



OFFICERS

Chancellor
Robert F. Weber

Vice-Chancellor
Robert Gottsegen

Quaestor
G. Harry Barrer

Scribe
Norman Menken

Macer
Victor A. Gromet

Historian
Harold H. Blank

Class of 1942: Harry Barrer, Harold Blank, Louis Drucker, Louis Fisher, Victor Gromet, Joseph Luban, Richard Pasternak, Joshua F. Ross, Norman Tanz, Joseph Wolf, Robert Weber, Lester Zackheim.

Class of 1943: Jack Budowsky, Alvin Feldman, Eugene Gottlieb, Robert Gottsegen, George Hindels, Sol Hopengarten, Alfred Jaffe, Jacob Kaplan, Alfred Karp, Norman Menken, Chester Schept, John Stern, Paul Tascher, Stanley Vogel, Paul Wagreich, Jack Yellin.

Class of 1944: Harold Bell, Arthur Bushel,

Jesse Flashner, Irving Friedman, Irwin Heidenreich, Leonard Hirschfeld, Alfred Isaacson, Simon Lifton, Louis Lipson, Murray Massin, Max Mendelson, Paul Mostofsky, Abraham Mufson, Samuel Plotnick, Meyer Rifkin, Laurence Weiss, Jerome Zane.

Class of 1945: Sherman Citron, Jacob Gordon, Robert Herlands, Fred Kornbleuh, Edward Mandelbaum, Philip Mandelberg, Robert Morris, Jack Nesse, Jerome Rogers, David Sall, Leonard Salzman, Melvin Slutsky, George Weiss.

Alpha Omega

Starting with a very small group of men at the Pennsylvania College of Dental Surgery, in 1907, Alpha Omega has grown to be a fraternity of national importance and a factor in the progress of modern dentistry. There are thirty-three Alpha Omega chapters throughout the United States as well as fifteen alumni clubs. Eta chapter which was founded in 1913 has enjoyed a growth which has paralleled that of our parent organization.

The chapter started the current season with a bang by completely refurnishing our "house" at 910 Riverside Drive. So complete was our refurnishing that the results had a greater effect on the old rather than the new friends of Alpha Omega. Features are the new leather furniture and the wall mural by Barrer and Gottsegen.

The rush season, beginning with a dinner held at Ray's Place was topped off by the successful pledging of a group of very fine men.

The Alpha Omega Alumni Club of Greater New York held a clinic night in the latter part of 1941. Eta members contributed by conducting a Crown and Bridge Clinic which turned out to be the hit of the show.

This year with a delightful dinner at Mary Kirby's Restaurant behind us, we are anxiously

looking forward to our formal induction and dinner dance in the Spring.

The 1941-1942 annual national Alpha Omega convention was held in New York City during Christmas week and over New Year's day at the Hotel Pennsylvania. This affair marked the 35th milepost in the story of Alpha Omega and especially of Eta Chapter.

Although our chapter grows larger and larger with each year, it seems to have added to, rather than subtracted from the camaraderie of the membership. Our weekly meetings, the socials, study sessions, smokers, parties, etc., are looked forward to with the greatest of anticipation, and have resulted in some crowded sessions which have provoked talk of larger quarters. Members of the faculty who have been special guest speakers include Dean Houghton Holliday.

The chapter expresses its thanks and appreciation for the work of the praetor, Dr. Frank Beube, who always manages to be present at the right time, say the right thing and guide us wisely.

To our membership we say "Keep the principles of Alpha Omega always in your mind and heart, and were all others to do as you, then peace would forever reign on earth."



features



. . . And for the Future

1942 Dental Columbian's theme is student, school and future. In previous sections the students and the school have been discussed, herein is presented the future.

Anyone who thumbs through this book, even casually, will note the overtone of war which stands out so clearly above the usual tenor of the articles. But wars do not last forever, and no matter how they disrupt our present, we must make plans now for the future. In the belief that many of our class will be seeking quieter and more comfortable practices after the turmoil has ceased, 1942 Columbian presents two articles by recent graduates who have successfully located themselves in small communities. Others from our group will wish to undertake specialty practices; therefore, another article has been included to present and help in the solution of the problems which arise in such consideration.

These articles are expressions of men who have received the same background and training as the class of 1942; their problems were similar to ours, their findings and advice should not be taken lightly.

A Small Town Beckons

By Isadore I. Kaplan, D.D.S. '39

WHY did I study dentistry?" is the question the student asks himself many times during his trying school days. The ordeal and fatigue suffered throughout the dental curriculum gives ample scope and time for temporary misgivings that possibly the student has made a mistake; that the grass on the other side of the fence may be greener. However, few students of dentistry have made mistakes in their choice of the right profession. Dentistry has come a long way on its rough road and is here to stay, secure in its position as one of the finest and noblest professions practiced by man.

Like all worthwhile things in life, dentistry is difficult to obtain. No one realizes this more than the dental student. The course required of him is long and tedious, mentally and physically, and the financial outlay is burdensome. Life's darkest moments may appear in the dental clinic or in other training grounds of the school. But beyond the vigorous routine of stamina and strain lies opportunity—the opportunity which only a few achieve. And it is upon this ultimate goal

of becoming a successful dentist that the student must set his tired eyes. Briefly, the goal is well worth striving for. The life of a dentist is by no means the easiest in the world but the dividends it pays may well be of the most satisfactory kind. The profession of dentistry has been tested and found successful,—the road to that success lies open to the student.

Once armed with the privilege of being a member of the noble profession, the road leads us to "Where?" shall we practice. From now on the task of making a living for yourself is something to give deep thought and consideration. You are an educated person, possessed of a college and dental education. You should, therefore, take an alert, active interest in choosing the location of the new life which you are about to undertake.

Many dentists consider but are uncertain about the advisability of entering practice in their home town. Very often the home town offers great business advantages but under certain circumstances many more desirable locations may

be found. Without doubt there are many who will graduate in June who are attempting now to arrive at an answer to this same problem. While experience is still the best teacher and in the main will never lose its comparative value in contrast with academic substitution, the "youngster" fresh from dental school is publicly recognized these days as being rather adequately equipped with up-to-the-minute theoretical knowledge. Citizens of the "old home town" now, more readily than in the past, accept John Smith's new cloak of professional dignity seriously, even if they used to pat little Johnny's head when he walked with his nurse or paid him a nickel for an occasional job or errand-running.

Several years ago I was confronted with the same problem that every graduate dentist is facing today; namely, where to settle down and practice. After deliberating at some length, I finally returned to my home town which happens to be of an average size. In a community such as this there is always a need for better dentistry and a possibility of reaching people who ordinarily are unable to take advantage of the modern phases of dentistry as taught in the present dental schools. Then, too, it is easier to establish a first-footing among friends and acquaintances. You are already rather generally known and do not have to go through the initial stages of making the proper contacts that are essential to the launching of a practice. In many instances you will find that members of the medical professions in small communities realize the close association of dentistry with general health and are ready, willing and able to help you become established.

There are, however, many other encouraging aspects to this decision. A small community usually offers pleasant surroundings and more spacious ones. Here is found a slower pace of living, without the hustle-bustle of a large city. This makes for better work on the part of the dentist, for he is minus the tension that comes with hurrying. He has more time for every phase of his work, and therefore is at his best

for producing good dentistry. Also, his extra-professional activities are more diversified and in greater abundance. This helps to maintain the health of the dentist himself so that in years to come the carrying on of his practice will not be jeopardized by some personal ailment. Statistics show that the average dentist has a span of approximately thirty years of practice. This is determined by the strain and tension of his particular type of work. The majority of dentists in large towns do not find time for extra-professional activities. Many are forced to work day and night, Sundays and holidays, to meet their overhead expense and to save a little nest egg for the future. This is not characteristic of a small-town practice. The number of hours that a dentist puts in are considerably lessened. There is no night or Sunday work unless necessitated by emergencies, thereby giving him more time both with his family and for enjoyable leisure hours.

To every new practitioner, expense is a vital item. The cost of completing a dental course has been quite a financial strain and it is the ambition of every beginner to equip a modern office to be most receivable for the type of practice desired. This can be accomplished more easily in a small town due to a lessened overhead. Also, judging from personal experience, it is easier to establish a practice because there is less competition and what there is of it is good. This is true because there is usually plenty of work to be done and therefore practically no animosity between competitive dentists.

My illusions of dentistry have been undimmed by four years of practice. Even my reasons for practicing in a small town are the same as they were when I left school. I feel that there is much more to be done in dentistry in rural or small communities where dental health and education is a great and a somewhat neglected factor as compared to the larger cities; and above all, it supplies the opportunity of practicing dentistry as taught in dental school.

213 N. WASHINGTON ST.
ROME, NEW YORK

Consider A Specialty Practice

By Wilbur J. Prezzano, D.D.S. '37

THIS subject must be approached with the full realization that it cannot be treated by means of the statement of a group of didactic or unequivocal facts. Opinions cannot help but vary and no man, regardless of knowledge and experience, can lay down a hard and fast rule that will hold for all. It is with true appreciation of this circumstance that I suggest that you accept any advice with reservation.

There exist today very decided social and professional tendencies toward specialization. Those with defective eyes consult an oculist and so, also, it is becoming more and more customary to turn to pediatricians, obstetricians, otolaryngologists, and others who follow specialized branches of their work. Years ago the general practitioner was required to take care of all these ramifications of medicine. It is needless to say, however, that the general practitioner will always be indispensable to both medicine and dentistry. Specialties without him would be like the spokes of a wheel without the hub.

It should not be necessary to dwell at any length upon the problem of the actual training for specialization. Any senior student in a modern dental school understands that either he must follow an extensive post-graduate course or go through a long period of practical experience with someone who is a specialist in order to proclaim that he possesses unusual ability in any one branch of his profession. In choosing the latter method he must be certain that the "specialist" is thoroughly qualified not only in his own mind

but others' as well, to impart the required knowledge.

The basic fundamental of this whole problem is that it is entirely an individual one and can be influenced but not definitely decided by various general factors. A man may make his choice of what type of practice he wishes to follow in either one of two periods of his career: in his senior year at school; or after he has spent a length of time in his profession. At one of these stages he may learn that certain factors exist that would be favorable in his entering a specialty. It is possible that he will discover that he possesses particular ability in a chosen field of dentistry. It would be natural therefore, for his interest in that phase of his work to increase. He desires then to learn more about this subject and produce even better results. He finds himself welcoming the patients requiring that type of treatment and gradually his interest in his other work does not actually wane but may tend to be forced into the background of his mind.

He must then consider his own psychological structure as a factor in the possibilities for success. Various specialties carry with them the need for certain types of personalities. Fortunate is the man who possesses the manner that is favorable for all phases of practice but few are so blessed. A man may be adroit at joking with and handling young children and yet may lack the reassuring confidence that soothes a patient before or during a difficult extraction. Our proposed embryo specialist should think, too, of his

own physical and nervous make-up. There are capable oral surgeons who do not hesitate to tell us that they refrain from the use of general anesthesia because of the upsetting effect it has upon their nerves. A man must bear this sort of problem deeply in mind in order to protect his future health, life, and happiness.

Let us now examine the more extrinsic constituents of this situation. One of the outstanding of these is unquestionably the location of the proposed practice. This again is very apt to vary with the type of specialty contemplated. In orthodontics, in which treatment is often indicated due to esthetic desires, the locality chosen must be in an area where the general population possesses those esthetic desires. This condition exists more commonly in larger cities and their suburbs or residential areas. Oral surgery, basically the relief of pain and infection, is required regardless of the desires of the local public. However, there is another extremely influential phase to the question of locating a specialty practice. In most cases the specialist, particularly in the earlier years of the establishment of his practice, must depend upon patients being referred to him by the general practitioner. He must determine therefore, whether the dentists in the chosen locality are specialty conscious. It is necessary, too, to establish whether these men are favorable toward him personally, or if their good will can possibly be cultivated.

Regardless of business, profession, or specialty, an element that must always be reckoned with is opportunity. If a proposition is presented to a

man that possesses certain advantages which coincide with his desires he cannot afford to overlook it. This may occur as a chance to become an associate or to take over another man's practice.

In this discussion of various necessary qualifications and contributing factors in the establishing of a specialty practice it has not been my intention to add to the already existing "anxiety complex" which is too prevalent among students. I believe that there is a very definite chance for a young graduate going into a specialty, assuming of course, that he possesses reasonable ability and has had the proper amount of training. I feel that a period of general practice preceding his specialty work is helpful but not rigidly necessary as his modern dental school training is sufficiently extensive to acquaint him with the necessary fundamentals. One means of establishing the type of practice we are discussing is to follow a general practice for a period of time and gradually work into the chosen field. Another, is through contact with a large group of professional men, as it is difficult to use a community acquaintance in a large city. Generally speaking, but this is certainly not without exception, I believe the best method of developing the specialty type of practice is to associate yourself with a specialist in that line. Let me stress the point of his being a specialist as many general practitioners hesitate to refer patients to someone who is associated with a man who is other than a specialist. These precepts should interest and aid you.

MEDICAL CENTRE
WHITE PLAINS, NEW YORK

Practising Near the Metropolitan Area

By Abram B. Granetz, D.D.S. '39

THE problem of starting a practice is one which assumes increasing importance as graduation day approaches, and justifiably so, for to err is to suffer both in confidence and financially at a time when one's resources in both are usually quite low. It is quite likely that the armed forces of the United States will resolve this problem for most of you at least for the next few years, but nevertheless it will still confront you when this conflagration finally ends.

Although I am in no position to speak to you with much authority yet, I have had the fortunate experience of having started practices in both the city and country and feel that I am in a position to compare the two fairly accurately. It is a common fact that most professional schools are located in or near large cities. As a consequence of this fact a large majority of the student body is composed of residents of the city and upon graduation each one feels that it would be easier to open up amongst one's family and friends. This invariably results in an overcongestion of professional men in a small area. To be sure it may be easier to thus initiate a practice but the long term view is undoubtedly of more importance. I was lured to the city for other reasons. I was afraid that if I went back to a small town practice that I would be unable to practice the kind of dentistry that was taught at school nor would I be able to secure the fees that were commensurate with this type of work. Hence I selected a rather exclusive district, had announcement cards printed, and opened up. I made usual contacts such as friends, previous patients from school, friends or relatives until the fifth generation.

The first few months were the most disheart-

ening of my career but I managed to make office expenses. Unfortunately one must also eat and so after six months I gave it up as a bad job. Regardless of what others may say, I urge you to accept my humble exhortation. Do not open up in already congested areas where you are likely to find an average of one dentist to every 500 people. The valleys are much greener and more fertile grounds for such purposes. Even if one's habitat is so remote as to preclude the possibility of practicing there, there are still many favorably located towns included within the metropolitan districts where the ratio of dentists to population is much better, where living standards are almost as good and where a practice can much more readily be established. The idea that dentistry in a small town must be conducted on any lower level than in the city is based more on rumor than on fact. I have substantiated this as fact after comparing notes with many of my classmates who concentrated in the city.

Before selecting a town many factors should be considered. It is wise to select one which is well supplied with small or large industries. It is wise to pick one that is a county seat for invariably such places attract a larger drawing population than census would indicate. It is a good idea to try to obtain internship in one of the local hospitals, and this is good for many reasons. The city hospitals undoubtedly will provide you with an infinitely greater variety of cases, but this isn't of great value unless you are especially interested in some specialized phase of dentistry. In my experience the internship served merely to add a little confidence which expressed itself early in my practice. Of greater importance, however, it enabled me to gather and collect vital information which is easily obtained from vari-

ous sources relevant to opening an office in certain localities and to survey the scene at your leisure and not under duress of any kind. Remember well that it is not an easy task to keep moving from one place to the other. It is much wiser to take time and select judiciously in the very beginning. In addition to hospital internships other opportunities are more likely to be found in smaller communities. I speak now of school dental clinics. Such clinics have always existed to a certain extent. But now with advent of selective service with its startling disclosures concerning dental disability much more attention is being given to this type of work. Any rehabilitation program to succeed must concern itself with preventive dentistry in children.

This fact is being fully comprehended by local Boards of Education with the result that more money and space are being provided for this particular phase of education each year. For example, last year I was employed as the school dentist and devoted two or three mornings per week to dental clinic. This year there are three dentists and the clinic is being operated full time. It is remarkable to observe what a great amount of dentistry can be accomplished in such a program. The great interest that is being shown by other communities in this particular type of clinic is indicative of a spreading interest throughout the country in children's dentistry.

Such work besides being of great service and interest, especially to the young graduate, has much more to commend itself. It is usually a good practice builder and further, in my experience pays very well. There are other advantages indigenous to small town practice which concern themselves with low cost of living and communal

life which one accustomed to it for many years really appreciates.

Having finally decided upon a certain community, various problems arise which at first appear to be so all important, but with proper direction and advice assume their proper proportions. For example, is it necessary to purchase new equipment? Emphatically no. Perhaps it may be necessary to put on a "front" in certain kinds of practices but I have never yet heard of a dentist losing or failing to build a successful practice because of his equipment. Many excellent looking and practical offices have been established for as little as one-half to one-third of the price of a new office. The office should be kept immaculately clean and well lighted. Too much emphasis cannot be placed on proper lighting.

Announcement cards must be printed and mailed but I can't help but reveal in all truthfulness that I have not received one patient either in my city or rural practice that resulted directly or indirectly from such cards. One must get out and make contacts and once a patient comes into your office, good dentistry and only good dentistry will result in recommendations. The public is seeking it and those of you who will give it to them will never have to be unduly concerned about building a practice. Unfortunately this is a rather slow process but I have not heard of building a good practice in short time. Properly running your office is just as important in small communities as it is in large communities.

45 WEST MAIN STREET
SOMERVILLE, NEW JERSEY



senior theses



An Investigation into the Treatment of Sensitive Necks with the Webb Micro-Surgical Apparatus

by *G. Harry Barrer*

Joshua F. Ross

SPONSORS: *Dr. Frank Beube*

Dr. Charles Bodecker

MANY patients present themselves to the dental practitioner complaining of sensitivity to various stimuli at the neck of a tooth. At present such conditions are treated by the applications of various medicaments, usually caustics, which precipitate a protective layer of protein on the sensitive area. A micro-surgical unit, used chiefly in the treatment of pyorrhea, has been devised by Dr. Webb of Kansas City, Mo. Among other claims made for the apparatus was found the statement that by its use sensitive necks could be easily and successfully treated.

The machine delivers a high frequency current through two small electrodes placed about a millimeter apart. This current applied to tissue literally cooks it. Necrobiotic destruction occurs for about 0.5 cm. or more in all directions from the point of contact.

There were four aspects to the investigation into the action of the machine:

1. To determine the depth of penetration of the current's effects into the hard structure of the tooth.
2. To determine whether the high frequency had any effect on the vitality of the pulp.
3. To ascertain the clinical effects of the current when applied to teeth with sensitive necks.
4. To establish a satisfactory method for application of the current if the above results were encouraging.

For the first part of the investigation, teeth were stimulated immediately after extraction, the electrical stimulus being applied to the labial surface and a heat stimulus to the lingual as a control. These teeth were then sectioned, ground and studied.

The electrical pulp tester of Dr. Daniel Ziskin was utilized to check effects on pulp vitality. A pulp test was given to each tooth immediately before stimulation with the high frequency current, and at varying periods after to be sure that any changes in the vitality would be found. These results were charted.

Clinically, patients who presented to the Diagnosis Division complaining of sensitive necks were treated with the apparatus and they were then carefully followed up to ascertain the results. Records were made of these findings.

Unfortunately, time did not permit the completion of the last phase of the investigation, which was to consist of the empirical choice of different current strengths, times of stimulation and electrode distances until the best combination could be achieved.

The following results were obtained from the experiments:

1. No results were obtained from the in vitro studies on sections of teeth and pulps which could be conclusive. There was no scientific evidence that penetration did or did not occur, chiefly because of faults in the technique.
2. The electric, high frequency, micro-surgical unit had no detrimental effect on the pulps of vital teeth.
3. Sensitive necks were successfully treated on three patients by the use of high frequency current.

A Study of the Effects of Massive Daily Doses of Vitamin D on Female White Rats and on Humans

by *Joseph A. Gibson, Jr.*

Anthony Skarka

James W. Bellows

SPONSOR: *Dr. Daniel E. Ziskin*

THE purpose of this study was to determine the effect of massive daily doses of vitamin D on dentin apposition, bone apposition, tooth eruption, dentin calcification rhythm, skeletal calcification, pulp stone formation, estrus cycle, and toxicity in rats, and pulp stone formation in humans.

Thirty-two female, white rats were injected intraperitoneally with alizarin, and their upper incisor teeth were notched at the gingival margin. Eruption from the notch to the gingival crest was measured weekly, and the tooth renotched. All the animals were maintained for two weeks on an adequate diet, whereupon they were again injected with alizarin and eruption measured. Twelve of these animals were maintained as controls upon the same diet and conditions as for the first two weeks. The remaining twenty experimental animals were maintained under the same conditions and diet, with the addition of approximately seven thousand units of vitamin D daily for each rat. At the end of the second two week period, alizarin was again injected into all the animals and eruption was again measured. Three days later the animals were sacrificed. This procedure gave us a doubly controlled experiment. Throughout this period the animals were observed for special indications of toxicity; and daily vaginal smears were taken to trace their estrus cycles.

Ground histologic sections of the lower incisors of each animal were made, and those showing all three alizarin lines in the dentin and in the bone were measured. The measured distance between two lines represented the amount of dentin or of bone formation during the control period. These values were compared to the distance between the lines representing dentin and bone apposition during the experimental period, both in the experimental and in the control animals. Dentin calcification rhythm for experimental and control groups was also measured in these sections.

Radiograms of the whole rats and of the mandibles of the control and of the experimental animals were compared to determine skeletal calcification and pulp stone formation. Pulp stone formation in arthritic patients receiving three hundred thousand units of vitamin D daily was studied by comparing the radiograms of their teeth, before and after treatment.

Results:

Pulp stone formation in humans, while present, appears, by radiographic examination, to be unchanged by massive daily doses of vitamin D.

Considerable variation in incisor eruption rate and calcification rhythm was found in the individual rats.

Massive daily doses of vitamin D administered to young, female, white rats results as follows:

1. Significant increase in dentin and bone apposition occurred;
2. No toxic symptoms were observed;
3. No alteration was seen in rate of incisor eruption, pulp stone formation, calcification rhythm, skeletal calcification, or the estrus cycle.

Clinical, Microscopical and Chemical Studies of Gingivae of Rhesus Monkeys Treated with Dilantin

by *Marcus Bermak*

SPONSORS: *Dr. Maxwell Karshan*
Dr. Daniel E. Ziskin

Two rhesus monkeys were each fed 50 mgs. of dilantin daily for three months and then autopsied. During this period changes were observed in the gingiva which were analogous to the changes seen in the gingiva of humans using the drug, namely hypertrophy, congestion, shininess and friability. Histological section of the gingiva showed changes characteristic of dilantin hyperplasia in humans. The epithelium was increased in thickness, the rete pegs dipped down into the connective tissue, and numerous epithelial pearls were observed.

The connective tissue changes included:

1. Increase in collagen bundles.
2. Increase in the number of fibroblasts.
3. Evidence of new capillary formation.

A special test was applied to the gingival tissues to determine whether the drug was present. The tests were negative; however the amount of tissue tested was about 100 mgs., and the test was sensitive for amounts in excess of 1 mg. Thus if the drug was present in a concentration of less than 1 per cent, it would not be detected. The reason that dilantin was thought to be in the gingival tissues was that it seemed rather peculiar that the gingivae should have become hyperplastic without any of the other tissues of the body doing so. Since it was noted that the irritated gingival tissues hypertrophied it was thought that these tissues would have a lower pH and should have caused the sodium salt of dilantin to precipitate in the areas of irritation as small crystals. Such precipitation acted as an additional irritational factor and the tissue responded by hypertrophy. The fact that the test for the presence of the drug was negative is no indication that this hypothesis is not correct, since the dilantin may have been present in amounts not detectable by the test.

Nicotinic Acid as a Systemic Factor in the Treatment of Vincent's Infection

by *Martin Blumenfeld*
William Berman

SPONSOR: *Dr. Harold J. Leonard*

THE object of the experiment was to test clinically the efficacy of nicotinic acid in the treatment of Vincent's infection. In each case, a complete history was taken at the first visit, and an accurate record kept during the whole course of therapy. No significant local therapy was given for the first two weeks of treatment. Each patient was forbidden the use of the toothbrush during this period; a normal saline mouth rinse, after each meal and before retiring, was prescribed, as a measure to maintain mouth hygiene without interfering with the control of the experiment. The specific therapy consisted, in each case, of oral administration of nicotinamide in the following dosages:

250 mg. daily for the first three days.

150 mg. daily for the remainder of the therapeutic period.

Patients were seen every 2-3 days, and subjective and objective symptoms recorded each time. (Nicotinamide was used to avoid the slight toxic effects of nicotinic acid.)

Seven cases of Vincent's infection were treated; the types of cases included acute infections of short duration, subacute cases of varying duration, and chronic cases of several years duration. In all cases, there was noted, in first three to five days, decrease in pain, feeling of swelling of gums, bad taste, fetor, and excessive salivation where present; all patients reported "feeling better." Objectively, in the same interval, all showed some decrease in intensity of hyperemia and edema. From then on, every case continued to improve, both subjectively and objectively, until all signs of active infection had disappeared. At such time, local measures were added, in the form of prophylaxis or periodontal curettage, to remove local irritating factors and allow complete healing. The therapeutic interval varied in each case, according to severity of case and individual tissue response; but all cases were cured of active Vincent's infection by use of nicotinamide alone, and local measures merely cleared up periodontal pockets or marginal gingivitis due to calculary deposits.

The significance of the whole experiment lies in the fact that a systemic factor was successful in curing Vincent's infection; and further, that this factor is a vitamin, nicotinic acid. This would seem to presuppose a partial nicotinic acid deficiency as a specific predisposing factor in the etiology of Vincent's infection, in which case the disease could be classified as a type of pre-pellagrous condition. Much more work remains to be done in this whole problem. However, from our results, nicotinic acid appears to be of definite, if not specific, value in the treatment of Vincent's infection.

Efficacy of Massage in Select Cases of Marginal Gingivitis

by *Harold H. Blank*
Joseph Wolf

SPONSOR: *Dr. Frank E. Beube*

Problem:

At the present time, cases of marginal gingivitis are treated by methods incorporating both cleaning and massaging. The methods of treatment in current use include various toothbrush techniques, subgingival and supragingival curettage, various types of stimulators, mouth washes, etc. Success has been achieved with most of these methods. Some clinicians have emphasized the role of massaging and others that of cleaning and still others attach equal importance to both. Since no scientific investigation had been made to differentiate the individual efficacy of these components in the various methods of treatment, we decided to use controlled experiments in determining the exact part played by each after isolating one component from the other and thereby measuring its worth.

Method:

Nine cases of marginal gingivitis with little or no calculus were selected. The upper and lower anterior jaws were used for the experiment, the midline between the right and left centrals serving as the dividing line between the experimental and control sides. Clinical descriptions and kodachromes were taken before, during, and at the end of the experiment. The patients were instructed to keep up the same oral hygiene they had practiced before coming to the clinic plus finger massage, which

was demonstrated, to be performed solely on the experimental side.

Results:

Our observations were made on 9 cases. Of these, 8 exhibited definite improvement on the experimental side; and 3 showed the same on the control side. Of the 8 improved cases, 4 exhibited an almost complete healing while the other 4 did improve after the first visit but the healing was not as much as in the other cases. The experimental side in 5 of the cases showed a definite improvement over the control side; in the remaining cases, the difference between the two sides was not perceptible. In 1 case, the patient massaged both sides for one week by mistake, so that the control in this case was ruled out. One case remained static throughout.

The usual time period for noticeable improvement was 2 weeks; some cases even in 1 week; and others in $2\frac{1}{2}$ weeks. The improvement continued for 3 to 4 weeks, then remained stationary. Further massage did not bring about further healing. The experimental period of observation was of an average of $6\frac{1}{2}$ weeks.

Conclusion:

Finger massage, although not the ideal method, aided in healing of marginal gingivitis.

A Method of Diagnosis in Children's Dentistry

by Seymour Blumenthal

Adeline Cunti

Jerome Klajf

Norman Rosner

SPONSOR: Dr. Ewing C. McBeath

A STUDY was made of 600 cases of the dentitions of children from the ages 3 to 11. The material was gathered from the files of the children's clinic over a period of 7 years—1935 to 1942. Dr. McBeath made available to the workers the entire facilities of the children's dentistry clinic. The files of this clinic were chosen because of uniformity in recording, diagnosis, and treatment.

The United States Public Health Service, the National Health Institute, state and local societies and previous workers have gathered data on dental health of children with, unfortunately, no emphasis on the practical problems. The first and most important problem that confronts the administrator of a public health program is "with limited funds available at what age groups of children should efforts be directed to render the greatest service at least cost?" The problem of this thesis, which is a continuation of Kramer's original work, is to determine at which ages a children's dental health program would be most efficacious. This study concerns itself with both the deciduous and permanent teeth with special emphasis on the deciduous dentition, in an effort to prove that dental treatment at an early age will reduce tooth loss and subsequent tooth repair cost to a clinic.

The D. M. F. or caries attack rate was studied to determine at what ages to give the best service from a public health standpoint and to arrive at a simplified method of routine diagnosis in a children's clinic.

A record of the progressive stages of caries of individual surfaces of all teeth has been made. In addition, a study of the caries attack rate in the two sexes has been conducted. The latter problem concerns finding the correlation between the

D. M. F. and eruption time in the two sexes, because it is expected that a variance in D. M. F. in the two sexes (i.e., higher in females) is based on a difference in exposure time of teeth to caries. This difference in exposure time is due to the biological fact that girls mature earlier than boys, a maturation that involves the teeth also.

Based on the data gathered a chart was constructed to anticipate the dental needs of children. The workers hope that the use of this chart will result in a saving of time and money.

Correlation Between Dentition and Endocrine Dysfunction

by Anthony A. De Giovanni

Joseph J. De Rose

SPONSOR: Dr. Daniel E. Ziskin

Synopsis:

OUR efforts in this senior thesis study have been to determine the following:

1. Whether there is any appreciable difference between the normal dentition and that of an individual exhibiting endocrine dysfunction.

2. To determine if tooth development can be used as an aid in early diagnosis and prognosis of endocrine dysfunction.

To carry out this study it was necessary to devise a method of evaluation and then establish a norm. To establish this norm a series of 250 cases of completely diagnosed orthodontic cases (Dr. L. M. Waugh) was taken as normal and studied in the following manner. Of the total number of normal cases (250) the main age group studied was between 12 and 14 years, although cases were studied from 6 to 18 years.

In studying these normal cases complete sets of radiographs were studied. In each set the development of crowns and root formation were studied. Each crown and root was studied to see at what stage of development they existed. This was recorded in thirds, i.e., whether the crown or root was 1 3, 2 3 or fully formed for that particular age. Also studied was the width of the pulp chambers of both centrals and laterals. These were measured by means of a vernier caliper and registered in millimeters.

Having completed the above 250 cases, all figures for each age were computed and a norm was established which we termed the normal measurements for each age group.

The norm being established the study continued on to determine if there were any difference in endocrine cases. To do this a series of 250 endocrine cases was studied in the same manner as aforementioned.

Another phase of our study consisted of cast measurements of both normal and endocrine cases, to determine whether endocrine dysfunction had any bearing as to arch development.

From study cases the following measurements were taken of 500 cases (250 normal and 250 endocrine).

1. The height of the palatal vault, measured by dropping a perpendicular from a line down from first molar of one side to first molar of other side.
2. The distance from central incisors to central pit of first molars.
3. Distance from cuspid to cuspid at the cusp height.
4. Distance from molar to molar from central pit to central pit.

Conclusions:

1. From our study we have established a norm from which further research along these lines can be followed.

2. In regard to endocrine cases it was noted that in diabetic cases, of which there were 50, there exists a retardation of dentin formation as evidenced by the fact that pulp measurements in these cases were conclusively larger than in the normal cases.

Also in regard to diabetes, from case study it was noted that a diastema was present in 39.6 per cent of the diabetic cases studied.

3. There is no appreciable difference in the dentition of endocrine cases in regard to growth of arch and crown and root formation except in cases of diabetes as has been mentioned above.

Technique for Copper-Plating Compound Impressions

by Mortimer Panoff

Seymour Blumensohn

SPONSOR: Dr. Herbert D. Ayers, Jr.

THE purpose of this experiment was to evolve a constant and simple technique for copper-plating impressions for dies. After experimenting with several methods, the following is recommended.

1. Cleanse the surface of the compound impression thoroughly, and dry with air. Expose the edges of the band at the end opposite from the impression, and trim the compound slightly concave.

2. Wrap the band with wafer wax which does not extend more than one-eighth of an inch beyond the band. Seal the wax to the band.

3. Coat the surface of the compound with a fine layer of engine oil, just imparting a sheen. Apply metalizing powder on a dry brush with a rotary motion. Blow out the excess powder with air and wash gently with water.

4. Mount the band on the cathode platform, immerse it in the copper sulphate solution, and attach the platform to the cathode of the electroplating machine. It is advisable to use some wetting agent in the solution to insure full contact with the impression. The anode, a plate of solid copper, is also immersed.

5. The distance between anode and cathode should be about four inches. Turning the open end of the impression away from the anode will produce an even deposit.

6. The current density should be maintained at a low level overnight.

7. The shell of copper is then filled with stone plaster, or low-fusing metal, allowed to set, and the compound removed.

Relationship Between Hyperkeratinization of Oral Mucosa Following Long-Term Estrogenic Therapy and Vitamin A Deficiency

by Louis Drucker

SPONSOR: Dr. Daniel E. Ziskin

THERE have been studies made to show that in deficiency of vitamin A certain specific pathological changes are observed in many epithelial structures, throughout the body. The changes in both man and animal are essentially the same. The fundamental lack of vitamin A appears to involve an atrophy of the epithelium, accompanied by or followed by a reparative proliferation of the basal cells. The latter having lost their type

specificity, produce a stratified, keratinizing epithelium regardless of the type previously existing in that location.

In recovery, each epithelium returns to its normal type, indicating no serious morphologic change.

More recently, studies on the hyperkeratinization of the oral mucous membranes due to long-term estrogenic therapy, have been reported and the findings closely resemble those seen in vitamin A deficiency.

These studies demonstrate conclusively that hormones and vitamins have specific effects on the organism as a whole, and since both of these substances affect epithelial structures in a definite manner, the question arises as to the interaction of the two, that is, whether they act directly without regard to the absence or presence of the other, or whether they are related.

The action of the estrogenic hormone may be to alter the metabolism of vitamin A either directly in the tissues, or indirectly through its depressing action on the anterior pituitary and thyroid glands, which would cause a failure of conversion of pro-vitamin A or carotene into vitamin A. Thus, under long-term estrogenic therapy, a condition resembling vitamin A deficiency may be produced.

If such were the case, then the replacement of the deficient vitamin A should cause a regression or suppression of the keratinization and hyperplasia, and the tissue would tend to return to normal.

In this investigation, two sub-adult female rhesus monkeys, one castrate and one normal, were given estrogenic hormone daily for 53 days, until biopsies showed a definite change in the alveolar gingivae, as evidenced by hyperplasia and hyperkeratinization. Following the appearance of these changes, daily doses of vitamin A were given for 23 days, after which time the animals were sacrificed and the oral mucous membranes and vaginas were studied.

The most dramatic changes were seen in the areolar gingivae where there is normally no keratin on the epithelial surface. The primary effect of the estrogen alone was to produce a hyperplasia and marked production of keratin.

After administration of vitamin A there was noted a reduction in the hyperplasia and a pronounced regression of the keratin on the surface. Similar changes were observed in the alveolar gingivae and oral mucosa, but not to the same degree as that seen in the areolar gingivae. The vaginal sections showed a marked decrease in keratinization.

It should be emphasized that the injections of estrogenic hormone were continued during the administration of vitamin A.

Conclusions:

1. The primary effect of estrogen on epithelial surfaces was a hyperkeratinization and hyperplasia.

2. Concomitant administration of vitamin A tends to reduce this estrogenic effect.

Crushing Strength of Dental Cements

by Louis Fisher

Alvin Mooney

SPONSOR: Dr. Herbert D. Ayers, Jr.

THE object of this investigation was to determine the crushing strength of various cements which have been accepted by the American Dental Association.

The procedure consisted of first determining the proper proportions of powder and liquid to be used in making the cement mix. This was done by following the directions given in

Specification No. 8 as in J. A. D. A. of December 1937. After the proper proportions were determined, which were found to agree closely with the proportions given by the manufacturers, these proportions were used in making the mixes for the crushing strength tests. The technique for these tests was that also described in the same specification.

The specification calls for a dental cement to have a crushing strength of no less than 12,000 lbs. per square inch. Our results were lower than this figure by a considerable degree. We can offer no adequate explanation for this discrepancy.

Relation of Maternal Vitamin A Deficiency to the Production of Cleft Palates and Harelips in the Offspring of Rats

by *Bertram E. Gerzog*

SPONSOR: *Dr. Daniel E. Ziskin*

AN attempt was made to produce cleft palates and hare lips in the offspring of rat mothers deficient in Vitamin A.

Female rats of the D. H. strain were depleted of Vitamin A for a period of 6 to 8 weeks. Rats are very sensitive to Vitamin A depletion and will not mate. It was therefore necessary, in order to get successful mating, to give the rats just sufficient Vitamin A to carry them through one complete estrus cycle. They were then mated. After a lengthened gestation period, the rats gave birth.

Radiographic, macroscopic and microscopic examination of the offspring revealed nothing in the way of oral defects such as cleft palates and harelips. Abdominal examination revealed, however, that many had diaphragmatic hernias.

Anophthalmia and microphthalmia, two of the cardinal signs of Vitamin A deficient animals and among the first to appear, were not noted in our animals. The only conclusions to be drawn from our work are: 1) that rats cannot be sufficiently depleted of Vitamin A to produce offspring showing cleft palates and hare lips, or 2) it is very possible that maternal Vitamin A deficiency has nothing to do with the production of hare lip and cleft palate in rats.

Dyes Soluble in the Acrylics

by *Samuel Greenfield*

Robert Kelly

SPONSOR: *Dr. Donald McLaughlin*

At present the metallic inorganic pigments such as the sulfides of cadmium and mercury and the chromates of lead and cadmium are used to color acrylics for dental use. These pigments are insoluble in the plastic and are mechanically incorporated in the plastic.

We employed oil, hydrocarbon soluble dyes that were also soluble in the acrylic monomer to obtain normal tooth shades. The advantages of soluble dyes would be:

1. A more even distribution of color throughout the specimen than by the use of metallic pigments.
2. A better blending of incisal and gingival tooth shades, thus eliminating the linear demarcation sometimes seen.

The experimental work may be divided into three parts. First, we determined the solubility of these dyes in water, saliva, alcohol, ether, chloroform and the acrylic monomer. It was noted

that the solubility of these dyes was markedly increased on heating.

In the second part of the experiment, sample specimens were made utilizing these dyes. They were made in the following manner. Titanium oxide, a white pigment, was ground in with clear polymer; the dye was added to the acrylic monomer and heated to obtain total solution. The resulting solid was saturated with the colored monomer and processed. Satisfactory color dispersion was attained in all our specimens.

For the third part, specimens were made up without using the titanium oxide. Clear discs for each color were obtained. These discs were exposed to sunlight for 84 hours. One of the discs showed color instability, the one having the vat dye, Cibacron G.

Problems of Dental Close-Up Stereoscopic Photography

by *Dr. Hans Freivogel*

SPONSOR: *Dr. Earle B. Hoyt*

THE great educational value inherent in the use of stereophotographs in dental and medical education has yet to be fully acknowledged. But the fact that stereophotographs are being used to the greatest satisfaction of both teacher and students in the Periodontia course of Dr. Isador Hirschfeld at Columbia proves that the subject is worthy of further investigation.

True stereoscopic vision is due to the fact that man has two eyes arranged at a horizontal distance of 65-75 mm.

The phenomenon of true stereoscopic vision is probably a central one and not due to any interpretation of the muscular convergence movement of our eyes.

We can replace direct monocular vision by a photograph and get the same impression as by looking at the original object. A basic condition, however, for a true impression is that our viewing distance is equal to the focal length of the objective used to take the photograph.

We can replace binocular vision by the use of two photographs (preferably copied on lantern slides) taken in such a manner that the two objectives of our stereoscopic camera had exactly the same focal length and were mounted at a distance of about 68 mm. The standard size is now 60x130 mm. with a lens distance of 70 mm. and a focal length of 75 mm. To get a correct impression by looking at those slides we need a stereoscope with lenses of the same focal length. Normal stereoscopic cameras cannot be used for stereoscopic close-up photography. For better understanding of the problems that occur in that particular type of close-up photography we may divide our objects into two groups: A, inanimate; B, living objects.

In taking pictures of objects belonging to group A we may use any camera and take the two pictures one after another by just moving the camera. A very excellent solution for photographing objects in Group A is the Ortho Stereo Camera (Bausch and Lomb). The pictures of group B objects must be taken simultaneously. In using a normal stereoscopic camera we have to overcome two major problems: the first can be solved by construction of a box adapter (in order to get the necessary lens-ground glass distance).

The second problem is far more important. Our eyes can make a convergent movement, our stereoscopic camera cannot imitate that. Therefore the construction of a system of mirrors or Porro prisms is suggested by means of which it would be able to get the same areas into both pictures (normally we would get a very small part of corresponding picture areas and thus lose the advantage of true stereoscopic vision).

A Study of Dental Fear

by Sidney Glatter

SPONSOR: Dr. Bernerd O. A. Thomas

This study was prompted by what appeared to be the general, if not universal, part played by fear in the dental experiences of the population. It was prompted as well by the fact that the literature showed no evidence that a psychological study of the entire problem of fear in dentistry had ever been made.

The object of this study was to learn exactly how great a part fear actually plays, especially in relation to the neglect of dental health, and to determine the most important factors producing this fear.

There were 295 subjects surveyed in this study by direct interview, or by a standard questionnaire wherever an interview was not possible. The subjects can be classified into four groups.

1. *Random Group* (118 cases) composed of a heterogeneous group of people at a summer resort. This group was used in an attempt to get a random sampling of the average population. A combination of interview and questionnaire was used.

2. *Clinic Group* (38 cases) composed of patients in the Columbia Dental Clinic, who during the routine registration interview were found to be "afraid of the dentist." The interview method was used exclusively.

3. and 4. *Oral Hygienist and Dental Student Groups* (36 and 103 cases, respectively). The questionnaire method was used.

Results:

1. A positive correlation between dental fear and irregular and infrequent visits to the dentist was found in the groups surveyed.

2. The causes of irregular visits to the dentist in the order of frequency with which they were found listed are: Neglect, Fear, Money, Ignorance. (In those with great fear, the cause most frequently listed was "fear.")

3. Fear of the dentist was found in 37 per cent of the cases in an average population group, and in 50 per cent of the cases for Hygienist and Dental Student Groups. Slight fear was found in 36 per cent, moderate fear in 12 per cent, and great fear in 5 per cent of the cases.

4. Among those afraid of the dentist, the factors causing visits to the dentist, listed in the order in which they were most frequently found, are: concern for dental health, aches, appearance, insistence of friends and relatives. In those with great fear, aches were the primary cause.

5. The dental fear was, in most cases, of long standing, extending as far back as the person could remember.

6. There appears to be a greater tendency for women to be afraid of the dentist. There is a negative correlation between fear of the dentist and (1) formal education, (2) fear of the physician, (3) inability to readily stand pain, bruises and injuries, (4) amount of dental experience.

7. The causes given for the loss of dental fear (in 48 cases) were:

1. Knowledge of good done by dental work, and the need of it.

2. Maturing of person.

3. Dental experience and becoming accustomed to dental work.

4. Dental experience made devoid of pain, or less painful, by such means as nitrous oxide and novocain.

5. A friendly and gentle dentist.

Conclusions:

1. The prevention of dental fear can and should be accomplished by the elimination of any intense, sudden, and unfamiliar stimulus

in the course of the patient's dental experience. Specifically, this means:

A. Eliminating or reducing pain by all the technical means we have at our disposal, such as analgesics, anesthetics, obtundents.

B. Diversion of the patient's attention from any possible fear-producing stimulus by such means as conversation and music.

C. The gradual introduction and familiarization of the patient with any new dental experiences.

2. The elimination of dental fear by conditioning the patient. The dentist, by being amusing, entertaining, friendly, kind, interesting and educational will cause these pleasantries, instead of the original fear response, to become associated in the patient's mind with the entire dental experience.

3. The use of a routine preliminary interview in the dentist's practice to determine the presence and nature of a patient's dental fear is indicated. The dentist can then be guided in determining where extra care is needed.

An Investigation to Evaluate the Ratio of Wear of the Various Dental Materials Used in Crown and Bridge and in Operative Dentistry

by David Eisenstein

Lawrence A. Weston

SPONSOR: Dr. Donald McLaughlin

Using the House articulator to produce the frictional movements, and a paste of pumice and glycerine to accentuate the friction thus produced, the investigators attempted to evaluate the ratio of wear produced when various dental materials (type C gold, Mynol filling amalgam, S. S. White high fusing porcelain, and Justi Acrynamel) are opposed to one another in frictional contact.

The following chart best indicates the findings on relative wear of the materials tested:

ACRYLIC	Acrylic Ac:Ac 1:1	Porcelain Ac:Por 15:1	Gold Ac:Gold 0.7:1	Amalgam Ac:Am 0.13:1
PORCELAIN	Por:Ac 0.66:1	Por:Por 1:1	Por:Gold 0.05:1	Por:Am 0.009:1
GOLD	Gold:Ac 1.4:1	Gold:Por 20:1	Gold:Gold 1:1	Gold:Am 0.17:1
AMALGAM	Am:Ac 8:1	Am:Por 111:1	Am:Gold 5.9:1	Am:Am 1:1

Note: Ac—Acrylic Por—Porcelain Am—Amalgam

Thus taking porcelain as a standard of the ratio of wear, the materials appear in the following order:

Porcelain	1
Acrylic	15
Gold	20
Amalgam	111

From this order it appears unwise to apply porcelain replacements against any other dental restorations than itself as it will tend to wear down these materials to an excessive degree if total occlusal wear and stress are applied against them (i.e. a porcelain tooth denture opposing a gold bridge).

Simple restorations of amalgam, acrylic or gold may with greater safety be so opposed; then the entire dental arch opposes wear by the porcelain.

Gold, acrylic and amalgam may be more safely opposed to one another. Since amalgam is not used for extensive restorations but

only in single teeth where there is usually some natural tooth structure left on the occlusal surface, it may be more or less safely opposed to itself or to gold or acrylic surfaces. Gold or acrylic bridges may safely oppose gold or acrylic bridges.

The use of gold, acrylic or amalgam restorations against porcelain surfaces depends upon the relative amount of occlusal surface of these materials throughout the jaw which is so opposed to the porcelain.

There is an apparent relationship between the ratio of wear and the physical properties of these materials.

No definite statement or relationship can be made in the use of these materials in conjunction with natural tooth surfaces, since the ratio of wear of natural tooth substance was not determined in this investigation. A study of this factor should be undertaken and correlated with the facts obtained here in order to yield a comprehensive view of the entire situation.

The Relation of Irregularities of the Teeth and Some Oral Structures to Lalling and Sigmatism

by Salvatore P. Gulli
Joseph Luban
John Meany

SPONSOR: Dr. Edward G. Murphy

APPROXIMATELY nine hundred freshmen at City College were examined and these were divided into two main groups. One group was composed of four hundred and twenty-six students who were, according to the diagnosis of a committee of the speech department, free of all speech disorders. The other group was composed of four hundred and eighty-six students who showed certain disorders in their speech, either lalling or sigmatism or both.

Our examination revealed the following conditions:

1. While there is no very great increase of Class II malocclusions among the abnormal group as compared with the normal group, nevertheless the percentage of severe Class II malocclusions is much greater in the abnormal group.

2. There is a markedly higher incidence both in the total number of Class III malocclusions and also in the percentage of severe Class III malocclusions in the abnormal group.

3. The incidence of overbites and overjets is only slightly higher in the abnormal group but there is a noticeably higher percentage of severe overjets and especially of severe overbites.

4. The same applies for the various dental irregularities such as rotation, tipping, cross-bite, etc. that were found.

5. There is a slight increase in the incidence of high palates in the abnormal group but our examination of the arches and tongue revealed not even a slight difference between the two groups in these regards.

A Clinical and Laboratory Study of Acute Infectious Gingivo-Stomatitis

by Albin R. Hagstrom
Vincent R. Jarrett

SPONSORS: Dr. Daniel E. Ziskin
Dr. Margaret Holden

IN this study, three main types of oral lesions have been observed and tested on laboratory animals for the presence of Herpes Simplex. These groups consisted of:

- a) Multiple or single recurrent aphthae.
- b) Multiple or single aphthae accompanied by neuralgic pain.
- c) Acute gingivo-stomatitis with or without aphthae, and accompanied by general malaise, fever, regional lymphadenopathy, local pain, bleeding gums and fetid breath.

Methods:

Oral examination, complete history and salivary samples are taken of each patient. The saliva is tested on laboratory animals by corneal inoculation and confirmed by an immunity test using a known strain of Herpes Simplex.

Results:

- 8 cases of confirmed herpes, 1 probable case.
- 3 cases of gingivo-stomatitis that did not show herpes.
- 2 cases of possible Vincent's infection.
- 4 cases of recurrent aphthae.

Conclusions:

- 1. That acute infectious gingivo-stomatitis is due to the presence of a virus, Herpes Simplex.
- 2. That aphthous stomatitis is due secondarily at least to some other factor than a virus, since no virus was demonstrated.
- 3. That Herpes Simplex is associated with neuralgic pain as seen in cases previously described as Zoster when appearing in the mouth.

The Origin and Pathology of Giant Cell Tumors A Review of the Literature

by Henry D. Hartman

SPONSOR: Dr. Lester Cahn

THIS thesis endeavored to review all the literature existing where there was a follow up of the cases presented, and a complete case history left no doubt as to the factors involved. There are over 1000 cases of giant cell tumor, or tumors claimed to be in this category, 600 of which were found described along modern concepts, suitable for study, as regards photomicrographs, material presented, qualifications of the author, and authenticity of its source. Much of the material, such as Simmons' review of giant cell tumors in the Registry of Bone Sarcoma before 1925, permitting at least 5 years follow up, has been considered by several pathologists and it is possible to observe different opinions on these tumors. Because of the extremely controversial nature of the subject, workers such as Jaffe et al., have made collateral studies of lesions which they do not call giant cell tumor, but solitary cyst, fibroma, xanthofibroma, osteofibroma, and "brown tumors," but which seem genuine giant cell tumors to others.

It was found that opinions differed widely as to the origin and pathology of giant cell tumors. There are three main schools of thought making their appearance definitely felt in the literature.

1. In the opinion of men of the German school and their proponents in this country, such as Lubarsch, Henke, Konjetzny, Haslhofer, Pommer and Geschickter and Copeland, in a benign giant cell tumor, an epiphyseal lesion may occur. The lesion is most common in the lower end of the femur, upper end of the tibia and lower end of the radius, and gives rise to more acute symptoms than the bone cyst, averaging 14 months. The occurrence of these tumors in the skull following the distribution of cartilaginous centers of ossification, supports the view that these tumors are related to the normal process of ossification via cartilage. In the etiology of these growths, trauma with interruption of the periosteal blood supply and inhibition of the normal reactive processes in the cortical bone probably play a role. Giant cell

epulis in the jaw is related to the deciduous dentition and the process by which they are shed, and the giant cell xanthoma is related in development to the sesamoid bones; histogenetically both are connected to the resorption of temporary bony structures.

2. Jaffe, Lichtenstein and Portis head the list of proponents of the theory that giant cell tumor undergoes malignant change and of itself has a tendency in this direction often terminating in death of the patient. They feel that the variants mentioned above are not giant cell tumors and because of their giant cell content were erroneously put in this category. Thus they say in studying the natural history of the genuine giant cell tumor of the bone one can observe all the gradations from a definitely favorable type through a more aggressive type, with a pronounced tendency for recurrence to a frankly malignant and metastasizing type.

3. The third group seems more inclined to lean toward Geschickter and his school and the teachings of the older pathologists such as Bloodgood, Nealon and Paget, great champions of benignity, rather than the stricter interpretations of Jaffe, Lichtenstein, and Portis, E. H. Fell and others. For the most part they stay between the first two groups holding both the variants of the first as giant cell tumors, and the possibility of malignant change promulgated by Jaffe et al. as true but occurring in a small percentage of the cases. These men in the majority accept the "brown tumors" of hyperthyroidism as giant cell tumors. They follow the *via media* and we may include here Brunschwig, Herendeen, Cahn, Cone, and Anderson, the last of whom it may be mentioned expresses the feeling of all three groups when he considers giant cell epulis a benign lesion.

The Use of Hydrocolloid Impressions and Stone Dies for the Indirect Construction of Castings

by *George Helfand*
Julius Weinreb

SPONSOR: *Dr. Donald McLaughlin*

IMPRESSIONS were taken in hydrocolloid of various preparations for castings on extracted teeth. The technique used was that of Dr. Knapp, as described in the Baltimore Dental Convention. The matrix used was either an over-sized perforated copper band, or a snap compound impression of the area, which is relieved and undercut to receive the hydrocolloid. The preparation and the adjacent teeth within this compound impression need be the only areas scraped to allow for hydrocolloid within the compound impression. The compound impression serves as an occlusal seat, as well as confining the hydrocolloid to the impression area.

The impressions were flowed up in stone or Diolite, and left to set in a humidior. After separation of the die, a wax pattern is made on this die after soaking it in oil.

The impression technique consists of flowing hydrocolloid directly into the preparation and inaccessible areas by means of a special hypodermic syringe with a twenty gauge needle. The compound tray is filled from the large hydrocolloid gun and placed over this impression area. It is then chilled thoroughly for five minutes.

Crowns and inlays may be accurately made by this indirect method. Diolite and stone were found to give similar results when used as dies.

The advantages of this technique are:

1. A pattern with the proper occlusal height and contacts can be made entirely indirect, since the adjacent teeth are present in the impression.

2. There is less discomfort to the patient than when using

a copper band matrix.

3. There is an economy of chair time.

4. The die is made more quickly, more easily, and with less expense. (This method will become of increased value as the amalgam shortage becomes more acute.)

The disadvantages are as follows:

1. The stone model is less durable.

2. It is more difficult to finish the margins on a stone die.

3. A distorted hydrocolloid impression is not as readily perceptible as a compound impression.

4. To impression the areas beneath the gingiva, we must push the gingiva down for twenty-four to forty-eight hours previous to taking the impression.

Use of Acrylics in Operative Dentistry

by *Harold J. Lansing*

SPONSOR: *Dr. Carl R. Oman*

THIS work concerned itself primarily with the determination of the adaptability of acrylics to operative dentistry, and more specifically, to the observation of any changes which may take place after the insertion of various types of inlays.

Single and multiple surface restorations were made and observed over a maximum period of one year. During this time, neither abrasive, dimensional, or color changes were evident in the filling material which may be regarded as being inert in the mouth.

A serious problem of preparing a perfectly fitting filling presented itself however. This difficulty was not as acute in simple inlays as in multiple surfaced restorations where practically every proximal-occlusal inlay showed evidence of drawing away from the gingival portion in such a manner as to suggest a shrinkage toward the greatest bulk of material (at the occluso-proximal junction).

The method of investing with a half stone-half plaster mix seemed to be faulty and other materials were substituted therefor. Use of a stone die, and also of an investment such as zinc oxyphosphate cement showed better results than the stone-plaster mix, but still remained unsatisfactory. The most perfect inlays were secured when kryptex in the form of a die or investment was used; because of consistently good results, it should supersede any of the other investment materials.

At present, it can be said that acrylic inlays do have a definite place in operative dentistry, particularly where labial restorations are concerned, and further conclusions must await the test of time, especially as regards multiple surface restorations.

Preventive Malocclusion

by *Doris M. Rhodes*

SPONSOR: *Dr. Harry Galton*

THE purpose of this study is to make a limited survey of 412 unselected cases from the files of the Columbia University Graduate Orthodontic Department with respect to early factors in developing malocclusions. These factors have a direct bearing upon the practice of preventive malocclusion to be carried out by the general practitioner of dentistry.

The methods used in this survey were:

1. Casts in the active file of the Orthodontic Department were

inspected for the following defects:

- a. Early loss of deciduous teeth.
 - b. Prolonged retention of deciduous teeth.
 - c. Supernumerary and congenitally missing teeth.
 - d. Loss of permanent first molars before the age of 12 years.
2. These casts and their accompanying case histories were studied with the purpose of determining:
- a. Which teeth were affected most frequently.
 - b. How the teeth and dentition were affected.
 - c. If treatment was deemed necessary and if instituted.
 - d. The results of the defect upon the dentition or the results of treatment if instituted.
3. A careful record of all cases seen was kept so that the comparative frequency of these above mentioned occurrences could be estimated.

The following conclusive points may be drawn from this survey:

1. Occurrence of abnormalities.

Lower deciduous molars, especially lower deciduous second molars, are the teeth most frequently lost prematurely. Upper lateral incisors and lower second bicuspid are most frequently congenitally missing. Supernumerary teeth are most often found in the region of the upper central incisors.

2. Early loss of deciduous molars causes typical pictures of malocclusion in the adult dentition which then must be corrected by orthodontic means. Malocclusions may be prevented by the application of space maintainers immediately after the loss of the deciduous teeth to prevent drifting of the teeth and subsequent closing of the space.

3. Supernumerary teeth should be removed if they are causing any defect at as early an age as possible, and if their removal does not endanger sound teeth. Congenitally missing teeth should be discovered at an early age by means of radiographs and space maintainers placed as soon as the deciduous teeth have been exfoliated; otherwise serious malocclusions will result.

4. When a permanent first molar is lost two or three years after eruption, there is a better chance for the erupting second molar to be brought into the space than if it is lost later on after the eruption of the second molar. However, this movement should always be controlled by orthodontic means, because if it is allowed to drift into the space, the second molar and the second bicuspid may be lost due to periodontoclasia.

The Effect of Sprue on Casting

by Joseph Shoham
Norman Tanz

SPONSOR: Dr. Herbert D. Ayers, Jr.

SHRINKAGE porosity in dental castings is of great import since it is not visible to the naked eye and since it is primarily responsible for increased speed of tarnishing of metals in the mouth. The causes for the formation of this porosity are as yet practically unknown. Among the factors that have been indicated are the length and diameter of the sprue used in casting. It was our purpose to endeavor to carry out tests to add to the data available on this topic.

This investigation is in four parts:

1. Determination of maximum diameter for a sprue to be used in casting.
2. Determination of optimal length of sprue as determined by shrinkage porosity.

3. Determination of optimal diameter of sprue as determined by shrinkage porosity.

4. Comparison of amounts of shrinkage porosity in air pressure and centrifugal pressure castings.

Method:

All specimens to be examined under the metallurgical microscope were waxed on a standard MOD die; sprued, invested, and cast by uniform techniques; sectioned; embedded in lucite; polished; and then examined.

Conclusions:

1. A sprue must be 7 ga. or larger for gold to drop into the sprue hole.

2. The optimal length of sprue seems to be 5 mm.

3. The optimal diameter of sprue for this casting is 14 to 16 ga. However, our findings seem to indicate the possibility that the optimal thickness of the sprue is equal to the width of the part of the pattern to be sprued. This can only be proved by additional studies.

4. Results are doubtful due to the paucity of centrifugal pressure castings. Here again, additional work is necessary.

Determination of the Effect of Thyroid and Ovarian Hormones and Thyroidectomy and Castration on the Rate of Eruption and Dentin Deposition in the Incisors of Rats

by Jack M. Topolsky
Ira Tolvin
Sidney Winter

SPONSOR: Dr. Daniel E. Ziskin

Technique:

RATE of eruption was measured by marking the incisors with a .000 bur at the gingival margin at a point where the enamel and dentin plates have fused.

Dentin deposition was measured by injecting alizarin red intraperitoneally which by vital staining deposited a red line in the dentin then forming. The distance between these lines was measured after ground bone sections had been made from these teeth. This distance represents the amount of dentin that has been deposited in the interval of time between injections.

Four groups of animals were used: twenty animals in each group. Group 1 consisted of normal animals, group 2 thyroidectomized, group 3 castrated animals and group 4 thyroidectomized and castrated.

Each group was subdivided into four cages. Cage 1 received thyroxine, cage 2 progynon, cage 3 received both and cage 4 received neither.

Results:

Normal group: the cage given thyroxine exhibited an increased rate of eruption and dentin deposition. The cage given thyroxine and progynon showed the same increased rate. The other two cages showed no change.

Thyroidectomized groups: All the cages showed a decrease except for the two cages which received thyroxine; these held to a fairly normal level.

Ovariectomized group: No appreciable change except for thyroxine cages which showed an increase.

Thyroidectomized and castrated group: All the cages showed a decrease equal to the animals only thyroidectomized. The

cages receiving thyroxine appeared normal.

Conclusions:

1. The thyroid gland has a marked effect on the rate of eruption and dentin deposition. Increased thyroxine output results in increased eruption and deposition. Absence causes a decrease in both.

2. The ovaries have little or no effect on the rate of dentin deposition and eruption.

3. Removal of both sets of glands causes no greater decrease than removal of the thyroids alone.

Studies on Keratinization

by *Robert F. Weber*
Lester I. Zackheim

SPONSOR: *Dr. Daniel E. Ziskin*

At present, no single theory that adequately explains the genesis, physiology, and pathology of the process of keratinization is completely acceptable. In an effort to correlate some of the present knowledge of the subject, the writers have attempted to study the process of keratinization histologically, and the factors which affect this process.

According to the literature, there are intrinsic cellular factors (keratohyaline granules, nucleoli, ground cytoplasm, golgi apparatus, mitochondria, etc.) and extrinsic factors (hormones, vitamin A, drugs, and external irritation) which play a part in the cornification process. The exact nature of these factors and

the role of the external upon the internal is controversial, and because of the indefinite nature of the subject, especially the role of the keratohyaline granules, the major portion of this study has been confined to these structures.

Normal gingival tissues from various animals, including man, and sections from monkeys treated in various ways were studied to determine the normal process of keratinization and the effects of the above extrinsic factors upon the process. The study included microscopic examination of the entire epithelial layer and the underlying corium. Structures studied included: basal cells, prickly cells, intercellular bridges, rete pegs, granulosum, lucidum and corneum.

Certain conclusions were reached during the study:

1. Since keratohyaline granules were not present in all cases where there was complete normal cornification, they are not needed for keratinization.

2. No relation was noticed between changes in the basal and/or prickly cells and the process of keratinization.

3. Keratin formation seems to vary inversely as the degree of inflammation in the corium.

4. The sex hormones (estrogens, testosterone, progesterone, and folliculin) directly affect keratinization. Other hormones (anterior pituitary, insulin) affect keratinization through their gonadotropic action, according to present knowledge; *but*:

5. Avitaminosis A causes hyperkeratinization to the same degree as the action of sex hormones; therefore, it may well be that the latter act by increasing the metabolism of the vitamin, creating a "deficiency" or avitaminosis and consequent increase of keratinization.



advertisements



WITH THE
APPRECIATION
OF THE
PURCHASING DEPARTMENT

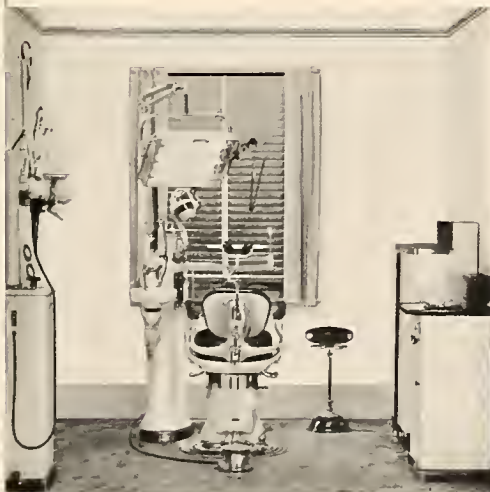
YOUR INCOME *5 years from now...*



. . will it be as much as you expect?

During these formative years will you be one of the dentists who has gone forward . . . or will you be one who "just gets along"?

It pays to look at all factors before you invest in any dental equipment . . . but *find out first what the manufacturer does for you.*



Ritter does more than furnish you with the equipment by which all others are judged . . . it provides you with a definite plan to success, including the planning of your first office and a definite service which guides you in the business side of your practice.

Your Ritter dealer will explain how this company "follows through" with you long after you have made your investment in the world's finest dental equipment. Ritter, Rochester, N. Y.



NEY GOLDS

"Best Since 1812"

Whatever your problem, there is a specific Ney gold for its ideal solution . . . The knowledge and experience that come from over a century and a quarter of metallurgical research and production are reflected in every pennyweight of gold we offer the profession. Ney products excel in physical properties, in ease of handling, in life-long service. Charts and other literature are available showing their technical qualities, practical advantages, reasonable prices.

THE J. M. NEY COMPANY
HARTFORD ★ **CHICAGO**

Greetings TO THE CLASS OF '42

We welcome this opportunity to congratulate you upon the completion of your college work and extend sincere wishes for your success. • No matter where you practice, you will find S. S. White representatives and authorized dealers ready and anxious

to serve you. Do not hesitate to contact these men, or write direct whenever you think we can be of assistance.

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA, PA.

Free **OFFICE PLANNING Service**

The creation of an inviting, tastefully furnished, efficiently arranged office that will win and hold the patients who come to you, will be easier, less costly, if you take advantage of the free office planning service every S. S. White dealer will be glad to offer you.



NEED AN IDEA FOR THAT NEW OFFICE?

See Dentsply's
**"DENTAL
OFFICE
BEAUTIFUL!"**



IF YOU'RE planning to equip and decorate a new dental office, you'll be particularly interested in seeing Dentsply's "Office Beautiful" . . . a model office that's complete in every detail.

Among the things you'll want to see, and study, are . . .

THE EQUIPMENT—You'll be interested not only in the fine, modern equipment which we have placed in both the operating room and laboratory, but also in the way that equipment has been arranged to provide maximum operating efficiency.

THE LAYOUT—You'll see how an operating room, reception room, laboratory, doctor's office, dark room and recovery room have been arranged in a compact unit that utilizes every square foot of floor space.

THE DECORATIONS—You'll see how we've made a highly efficient office a very beautiful one. Any ideas that you may obtain from the "Office Beautiful," or any new ideas that it may inspire, are yours to use.

FREE

OUR experts will gladly make a location survey for you. This service, which includes ascertaining the financial level of the neighborhood, selection of a suitable office site, a blueprint of office space and suggestions for equipment that will meet your budget, costs you nothing and can save you considerable money.

You don't need an appointment to visit the "Office Beautiful." We're "at home" every business day. Just stop in on the 15th floor and you'll find a courteous Dentsply representative waiting to greet you.

DENTSPLY DEPOT

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 WEST 42nd STREET

NEW YORK, N. Y.

Why is uniformity important in a dental cement?

Answer: First, unless each batch of a given cement is identical to the next, the change in its properties and behavior in spatulation would not permit a consistent cementing technique. Second, a variation in the cement itself promises unpredictable variation in results.

Fleck's Cements are known to have a unique uniformity. Every color is uniform in every batch, and each batch is guaranteed uniform with every other batch in all its colors. With Fleck's you can be sure of the same superior strength and density — the same resistance to penetration, disintegration and solubility regardless of batch number or shade. You can be certain of unvarying uniformity of setting time with all Fleck's color under all conditions of humidity and slab temperature.

Because it's safest . . . because its recorded performance is unmatched, most dentists throughout the world use Fleck's.

•

MIZZY, INCORPORATED

Manufacturers

105 E. 16 Street, NEW YORK CITY

Question How much does a CDX X-Ray Unit Cost?

Answer Cost of any x-ray unit equals initial price plus repair bills minus probable trade-in value.

18 years of performance prove that CDX with a somewhat higher initial price, needs little or no repair and has a trade-in value higher than any other unit.

. . . Cost of a CDX = as little as or less than any other x-ray unit on the market.

Q.E.D.

**GENERAL ELECTRIC
X-RAY CORPORATION**

2012 JACKSON BLVD.

CHICAGO, ILL., U. S. A.

AMERICAN CABINETS



Any established dentist will tell you American Cabinets are best.

The American Cabinet Co.

Division of
The Hamilton Manufacturing Company
Two Rivers Wisconsin



*Begin Your Practice in
The Most Progressive Borough
Of This Great City*

It is the nation's leading port in foreign trade volume—with 187 piers and service on 75 steamship lines.
Its 12 railroads and network of subways and buses afford excellent transportation facilities.
It is the home of Fawcett's—the dental supply house which harbors—for your convenience—the largest and most complete stock in the Metropolitan area.
We promise to deliver "quality goods and service."

Fawcett & Fawcett Inc.
Dental Materials & Equipment
408 Jay St., Bklyn, N.Y.
At Fulton, Jay and Smith Streets

IF YOU ARE OPENING NOW . . .
OR PLAN TO SOON—

LET RUBINSTEIN SHOW YOU HOW
TO AVOID THE HANDICAP OF
A HEAVY FINANCIAL BURDEN

RUBINSTEIN
DENTAL EQUIPMENT CO.

141 FIFTH AVENUE at Twenty-first Street
NEW YORK CITY

A . D . A .

J.F.R.
L.A.W.
R.F.W.

THE CLASS of 1942

presents

ITS JUNIOR SHOW

" — — — "

A MUSICAL COMEDY

IN — ACTS

ON ———

AT — P.M.

TICKETS ON SALE NOW



Write for Literature
on these
Nu-Dent Creations

—
"Unit-Bilt"
Bridges

—
"DentAcryl"
Restorations

—
"Cera-Tex"
Baked-on Porcelain
Veneers

*For Porcelain and "DentAcryl"
Jacket Crowns — Inlays — Bridges*



TO offer a professional service as complete and modern as that of older practitioners, the young dentist today must be prepared to meet the preference of patients for custom-carved porcelain and acrylic enamel restorations.

Nu-Dent offers a service in constructing these restorations which is unsurpassed in artistic excellence and mechanical perfection. Between now and graduation, visit Nu-Dent. Inspect our exceptional facilities; see practical cases "going through"; examine our work.

Such a visit will show why Nu-Dent enjoys the patronage of New York's leading dentists—why Nu-Dent will give you the quality of service you want.

NU-DENT, INC.

Porcelain and "DentAcryl" Restorations Exclusively
Paramount Building, New York — LACKAWANNA 4-3591-2-3

VITALLIUM

. . . *The Friendly Alloy*

Vitallium has been designated "The Friendly Alloy" because of its demonstrated superior tissue tolerance during the past ten years. This is not a mere CLAIM. It is a FACT proved by the authentic case histories in the records of thousands of prosthetic dentists and orthopedic surgeons.



You can obtain outstanding service from the Vitallium Laboratory near you.

AUSTENAL LABORATORIES, INC.

NEW YORK

CHICAGO

Trade Mark Reg. U. S. Pat. Off.

THE MEDICAL CENTER BOOKSTORE

appreciates your cooperation
during your stay at the
Medical Center

MANY

HELPFUL



"The House of a Thousand Models"

PRACTICE-BUILDING MODELS

are described in the 16-page
ILLUSTRATED PRICE LIST
of

COLUMBIA DENTOFORMS

If you haven't a copy, write for one.

Shows interesting developments in demonstration models.

COLUMBIA DENTOFORM CORPORATION

131 East 23rd Street

New York, N. Y.

原

中

ORIENT RESTAURANT and BAKERY

CHINESE-AMERICAN FOOD

Orders Put Up to Take Out

1172 ST. NICHOLAS AVE.
at 169th Street

New York
WAdsworth 3-9722

WAdsworth 3-5263

Flowers-by-Wire

MEDICAL CENTER FLOWER SHOP

ARTISTIC DECORATIONS FOR ALL OCCASIONS

The Flower Shop Nearest to the Medical Center

4003 BROADWAY

at 168th Street
CARDASIS, Inc.

New York
"Say It with Flowers"

Compliments of . . .

BLENHEIM CAFETERIA

1160 ST. NICHOLAS AVENUE
Corner 168th Street

Compliments of . . .

SHELDON STAR COAT and APRON SUPPLY CO.

555 WEST FORTY-SECOND STREET
New York City

Compliments of . . .

THE ALPS TEA ROOM

4001 BROADWAY
Corner 168th Street

WAsington Heights 7-5600

PRIMACK'S FLOWERS

"HEIGHTS LEADING FLORIST"

We Telegraph Flowers Everywhere

3798 BROADWAY
S.E. Cor. 158th St.

1154 ST. NICHOLAS AVE.
Nr. 168th St. and B'way

Z. F. MANUFACTURING CO.

BOILABLE DENTAL MOUTH MIRRORS

9207 FLATLANDS AVENUE

Brooklyn, N. Y.

BLUE ISLAND

SPECIALTY COMPANY, Inc.

Manufacturers of
BISCO PRODUCTS

BIJRS

BANDS & SHELLS

IMPRESSION TRAYS

INSTRUMENTS

MOUNTED POINT & STONES

ORTHODONTIA

APPLIANCES & SUPPLIES

**BLUE ISLAND
SPECIALTY COMPANY, Inc.**

BLUE ISLAND, ILLINOIS

BEEnsonhurst 6-0799

Hermann & Goldberg, Inc.

DENTAL LABORATORIES



7212 EIGHTEENTH AVENUE

Near 73rd Street

Brooklyn, N. Y.

Hermann & Goldberg Dental Laboratory has been serving the most discriminating dentists since 1909. With a staff of skilled technicians and with our modern equipment we are in a position to process any type of dental prosthetics desired.

We are sure that a trial will lead to many years of pleasant and satisfactory relationship resulting in mutual benefit.

DIRECTORY

Barrer, Harry G.	1429 Linden Street, Reading, Pa.
Bellows, James W.	45 Riverside Drive, Saranac Lake, N. Y.
Bermak, Marcus	1311 Grant Avenue, Bronx, N. Y.
Berman, William	723 East 48 Street, Brooklyn, N. Y.
Blank, Harold H.	2061 72 Street, Brooklyn, N. Y.
Blumenfeld, Martin	1122 Avenue K, Brooklyn, N. Y.
Blumenson, Seymour	1212 Fifth Avenue, New York, N. Y.
Blumenthal, Joseph	621 East 170 Street, New York, N. Y.
Cunti, Adeline R.	126 Martense Street, Brooklyn, N. Y.
De Giovanni, Anthony A.	305 Rugby Road, Brooklyn, N. Y.
De Rose, Joseph J.	25-38 34 Street, Astoria, N. Y.
Drucker, Louis	1210 Sherman Avenue, New York, N. Y.
Eisenstein, David	1926 East 18 Street, Brooklyn, N. Y.
Fisher, Louis	615 Washington Street, Ogdensburg, N. Y.
Freivogel, Hans	42-60 Bowne Street, Flushing, N. Y.
Gerzog, Bertram E.	77 Monitor Street, Brooklyn, N. Y.
Gibson, Joseph A. Jr.	99-29 Guilford Street, Forest Hills, N. Y.
Glatter, Sidney	1877 Daly Avenue, New York, N. Y.
Greenfield, Samuel	321 Roosevelt Street, Far Rockaway, N. Y.
Gromet, Victor H.	49 Balfour Place, Brooklyn, N. Y.
Gulli, Salvatore P.	351 Hart Street, Brooklyn, N. Y.
Hagstrom, Albin R.	642 East 18 Street, Brooklyn, N. Y.
Hartman, Henry D.	20 East Main Street, New Rochelle, N. Y.
Helfand, George	550 East 146 Street, New York, N. Y.
Jarrett, Vincent R.	25 Rock Spring Road, Stamford, Conn.
Kelly, Robert L.	342 Ovington Avenue, Brooklyn, N. Y.
Klaif, Jerome L.	730 East 49 Street, Brooklyn, N. Y.
Lansing, Harold J.	423 Berkeley Avenue, Orange, N. J.
Luban, Joseph	47 East 105 Street, New York, N. Y.
Meany, John J. R.	406 77 Street, North Bergen, N. J.
Mooney, Alvin	161-27 85 Avenue, Jamaica, N. Y.
Panoff, Mortimer	1780 East 13 Street, Brooklyn, N. Y.
Pasternak, Richard	100 Cabrini Boulevard, New York, N. Y.
Pearlman, Leonard M.	1374 Carroll Street, Brooklyn, N. Y.
Rhodes, Doris M. (Mrs.)	270 Riverside Drive, New York, N. Y.
Rosner, Norman L.	285 Fort Washington Avenue, New York, N. Y.
Ross, Joshua F.	200 Wadsworth Avenue, New York, N. Y.
Shoham, Joseph	788 Arnow Avenue, New York, N. Y.
Skarka, Anthony	Box 177, Route 58, Schenectady, N. Y.
Tanz, Norman P.	3155 Grand Concourse, New York, N. Y.
Tolvin, Ira	1087 Willmohr Street, Brooklyn, N. Y.
Topolsky, Jack M.	3092 Brighton Fourth Street, Brooklyn, N. Y.
Weber, Robert F.	370 Fort Washington Avenue, New York, N. Y.
Weinreb, Julius	547 East 145 Street, New York, N. Y.
Weston, Lawrence A.	1680 Ocean Avenue, Brooklyn, N. Y.
Winter, Sidney J.	1941 Walton Avenue, New York, N. Y.
Wolfe, Joseph	166 Howard Street, Lowell, Mass.
Zackheim, Lester I.	294 West 92 Street, New York, N. Y.



COLUMBIA UNIVERSITY LIBRARIES



0064271803



